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| Case Number: | CM15-0007108 | | |
| Date Assigned: | 01/22/2015 | Date of Injury: | 11/22/2000 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 01/13/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 66 year old female, who sustained an industrial injury on November 22, 2000. The injured worker has reported cervical, thoracic and lumbar pain. The diagnoses have included cervical spine spondylosis, thoracic spine musculoligamentous sprain and lumbosacral spine spondylosis. Treatment to date has included medication management. No other prior treatments were noted in the medical records. Current documentation dated November 17, 2014 notes that the injured worker reported cervical pain and lumbar pain with radiation to the both upper extremities and lower extremities. The pain was rated a six out of ten on Visual Analogue Scale with medications. Physical examination revealed tenderness and spasms of the cervical spine. Range of motion was decreased. Examination of the thoracic spine showed tenderness to palpation with spasms over the paravertebral musculature bilaterally. Range of motion was decreased. Lumbar spine examination showed tenderness with spasms over the paravertebral musculature bilaterally and decreased range of motion. Straight leg raise produced pain in the lumbar spine radiating down to the posterior thighs bilaterally. Neurological exam revealed decreased sensation in both hands and both feet. On December 9, 2014 Utilization Review non-certified a request for urine toxicology testing. The MTUS, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited. On January 13, 2015, the injured worker submitted an application for IMR for review of urine toxicology testing.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine toxicology testing in 60-90 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Urine toxicology screens. Decision based on Non-MTUS Citation Official Disability Guidelines- Urine drug screen (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opiate management Page(s): 43, 77. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with pain and weakness in her neck, mid back, lower back and extremities. The request is for URINE TOXICOLOGY TESTING IN 60-90 DAYS. The patient is currently taking Imitrex, Cyclobenzaprine and Vicodin. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the utilization review letter on 12/08/14 indicates that the patient has had urine drug screens in the past but does not mention whether or not they were obtained too frequently. The progress reports do not indicate how many times the patient has undergone urine drug screenings, the dates and results of these tests. Although the treater does not explain why a repeat UDS are being obtained with no opiate risk profile, the ODG does allow 1-2 UDS's per year. The review of the reports do not seem to indicate that UDS's too frequently obtained and given the patient's chronic opiate use, the request IS medically necessary.