

Case Number:	CM15-0104325		
Date Assigned:	06/08/2015	Date of Injury:	09/25/2004
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

CLINICAL CASE SUMMARY

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

The injured worker is a 51 year old male, who sustained an industrial injury on 9/24/04. He reported a "pop" in his back after lifting crates. The injured worker was diagnosed as having displacement of lumbar disc without myelopathy, post-laminectomy syndrome, lumbar stenosis and lumbosacral radiculitis. Treatment to date has included physical therapy, lumbar fusion, revision of lumbar fusion, oral medications including Lyrica, Motrin and Oxycodone; home exercise program and activity restrictions. Currently, the injured worker complains of left lower extremity pain, moderate to severe, aggravated by escalating activities of daily living. He was declared permanent and stationary on 4/27/12. Physical exam of lumbar spine noted a well healed wound; he is wearing a lumbar brace and no range of motion. The treatment plan included continuation of medications, follow up appointment and authorization for local modalities. A request for authorization was submitted for serum drug screen 4 times a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum Drug Screen x4 a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): s 74-96 and 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should be considered. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags, twice yearly urine drug screenings for all chronic non-malignant pain patients receiving opioids, once during January-June and another July-December. The patient has been on chronic opioid therapy. The treating physician has not indicated why serum drug screens 4 times per year are necessary and has provided no evidence of red flags. Although this patient is currently taking opioids that the physician documents are "high potential for addiction", this medication regime may change and further testing would be approved based on the patient's current medications. The previous reviewer modified the request to one test. As such, the request for Serum Drug Screen x4 a year is not medically necessary.