

Case Number:	CM15-0017410		
Date Assigned:	02/05/2015	Date of Injury:	09/14/2003
Decision Date:	04/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 58 year old female with an industrial injury dated 09/14/2003. At the time of the request the injured worker continued to complain of total body pain, chronic fatigue and problem sleeping. She reported right knee and low back pain with radiation to both legs. Anaprox was making her dizzy so she had stopped taking it. Physical exam revealed no new joint swelling, no rheumatoid arthritis deformities and normal neurologic examination. There was lumbar tenderness and bilateral knees tenderness with right knee swelling. Prior treatments included medications and creams. Diagnoses included myalgia and myositis, osteoarthritis, localized primary involving lower leg and post laminectomy syndrome - lumbar. On 01/13/2015 utilization review issued a decision of non-certification for the retrospective request (11/21/2014) for urine drug screen. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of service for urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines. Pain (Chronic) chapter. Sections on urine drug testing and opioid risk stratification.

Decision rationale: Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. Those in the 'high risk' category for substance abuse may have minimal objective findings are documented to explain pain. Symptom magnification can be noted. Hyperalgesia may be present. Underlying pathology can include diseases associated with substance abuse including HIV, hepatitis B and C, and pathology associated with alcoholism or drug abuse. Patients with suicidal risks or poorly controlled depression may be at higher risk for intentional overdose when prescribed opioids for chronic pain. (Cheatle, 2011) Screening tests and/or variables included in these: Results of administered screening tests fall into a range considered 'high' or there is evidence of elevated risks for substance abuse including personal and/or family history, comorbid psychiatric disease, and/or childhood trauma. Many authors only include individuals with active substance abuse in the 'high risk' category and include individuals with treated/non-active disease in the moderate category. Ongoing monitoring: (1) If a patient has evidence of a 'high risk' of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. In this instance, urine drug testing was done on 7-24-2014, 8-25-2014, and 11-21-2014. At issue is whether the injured worker could be considered high risk for aberrant drug taking behavior, therefore justifying frequent urine drug testing. A medication list discovered from 10-3-14 reveals the injured worker had been prescribed Ativan 0.5 mg. Although anxiety is not listed as a diagnosis, Ativan is commonly used for anxiety disorders. Thus, the injured worker may be considered at high risk for aberrant drug taking behavior as he likely has a diagnosis of anxiety and has numerous physical complaints, some of which seem to defy a medical explanation. Patients at 'high risk' for substance abuse may be tested frequently for aberrant drug taking behavior, as frequently as once a month. Therefore, a retrospective urine drug screen for date of service 11-21-2014 was medically necessary. The request is medically necessary.