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| Case Number: | CM15-0133023 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 04/28/2004 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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: 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 45 year old male, who sustained an industrial injury on 4/28/2004. Diagnoses include lumbar discopathy with disc displacement and lumbar radiculopathy. Treatment to date has included medications including Fexmid, Nalfon, Prilosec, Ultram, Tylenol #3 and compound medicated topical cream. Per the Primary Treating Physician's Progress Report dated 3/23/2015, the injured worker reported low back pain radiating to both legs associated with numbness and tingling. Medications are somewhat helpful in alleviating some of his pain. Physical examination of the lumbar spine revealed tenderness to palpation over the lumbar paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. The plan of care included medication management and authorization was requested for urine toxicology on-site collection and offsite confirmatory analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology on site collection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Chronic Pain/Section: Urine Drug Testing.

Decision rationale: The Official Disability Guidelines comment on the use of urine drug testing as a means to monitor compliance with prescribed substances, identify undisclosed substances and uncover diversion of prescribed substances. The medical records available for review indicate that the patient has had prior urine drug testing completed with results inconsistent with the list of prescribed medications. Under these conditions, the MTUS/Chronic Pain Medical Treatment Guideline are used to determine the next course of action. Page 79-80 of the MTUS guidelines states that "if there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, it has been suggested that a patient show evidence of a consult with a physician that is trained in addiction to assess the ongoing situation and recommend possible detoxification." The records do not indicate that this action has been taken. For this reason, further urine toxicology screening is not medically necessary, until this patient has undergone an assessment by an addiction specialist.

Off Site Confirmatory Analysis using High Complexity Laboratory including GC/MS LC/MS and ELISA technology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80. Decision based on Non-MTUS Citation Chapter/Chronic Pain, Section/Urine Drug Testing.

Decision rationale: The Official Disability Guidelines comment on the use of urine drug testing as a means to monitor compliance with prescribed substances, identify undisclosed substances and uncover diversion of prescribed substances. The medical records available for review indicate that the patient has had prior urine drug testing completed with results inconsistent with the list of prescribed medications. Under these conditions, the MTUS/Chronic Pain Medical Treatment Guideline are used to determine the next course of action. Page 79-80 of the MTUS guidelines states that "if there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, it has been suggested that a patient show evidence of a consult with a physician that is trained in addiction to assess the ongoing situation and recommend possible detoxification." The records do not indicate that this action has been taken. For this reason, further urine toxicology screening is not medically necessary, until this patient has undergone an assessment by an addiction specialist.