

Case Number:	CM15-0143957		
Date Assigned:	08/04/2015	Date of Injury:	11/13/2003
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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:

The injured worker is a 60 year old female who sustained an industrial injury on 11/13/03. Initial complaints and diagnoses are not available. Treatments to date include medications, pool therapy, and acupuncture. Diagnostic studies are not addressed. Current complaints include continued total body pain, chronic fatigue, and problems sleeping. In a progress note dated 03-30-15 the treating provider reports the plan of care as a urine drug screen, continued pool and daily acupuncture, and medications including diclofenac, Prilosec, topical cyclobenzaprine and flurbenz, Tizanidine, sonata, fluoxetine, Lyrica, and Ativan. The requested treatment includes a comprehensive drug confirmation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 5.15.15 Comprehensive drug confirmation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: The patient presents on 03/20/15 with complaints of total body pain, chronic fatigue, and difficulty sleeping. The patient's date of injury is 11/13/03. Patient has no documented surgical history directed at these complaints. The request is for RETRO DOS 5/15/15 COMPREHENSIVE DRUG CONFIRMATION. The RFA was not provided. Physical examination dated 03/20/15 notes no new joint swelling, normal neurological examination, no rheumatoid arthritis deformities, and "trigger points tenderness 12+." The patient is currently prescribed Diclofenac, Prilosec, Flexeril, Tizanidine, Fluoxetine, Lyrica, and Ativan. Diagnostic imaging was not included. Per 03/20/15 progress note, patient is advised to remain off work until "next office visit." MTUS Chronic Pain Medical Treatment Guidelines, Page 43 has the following under Drug Testing: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at "high risk" of adverse outcomes may require testing as often as once per month. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In regard to this retrospective request for urine drug screening, the request is appropriate. While MTUS does not set a specific frequency for urine drug screening, ODG specifies that patients who are considered high risk can require urine drug screening as often as once per month. While there is no discussion as to whether this patient is considered at risk for drug abuse/diversion, several inconsistent urine toxicology reports were provided for review. UDS collected on 03/31/15 inconsistent with prescribed medications, showing the presence of Butalbital, which was not among this patient's prescribed medications. Additionally, the report does not show the presence of Ativan or Ultram, which at the time were among this patient's prescribed medications. A UDS collected 01/28/15 was also inconsistent with prescribed medications, showing neither Tramadol nor Ativan, which were at the time among this patient's prescribed medications. Given this patient's previous urine drug screening consistency and current medication profile, more consistent screening is an appropriate measure. Therefore, the request IS medically necessary.