

Case Number:	CM15-0146795		
Date Assigned:	08/06/2015	Date of Injury:	12/08/2000
Decision Date:	09/10/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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 71 year old male, who sustained an industrial injury on 12-8-00. He has reported initial complaints of a neck and back injury at work. The diagnoses have included cervicalgia and backache. Treatment to date has included medications, activity modifications, diagnostics, lumbar support, and other modalities. Currently, as per the physician progress note dated 6-8-15, the injured worker complains of chronic neck pain and back pain rated 9-10 out of 10 on the pain scale that radiates to the left leg. The physical exam reveals difficulty with forward flexing greater than 45 degrees and has pain with extension. There is lumbar pain and stiffness with soreness noted bilaterally. There is reduced thoracolumbar range of motion with pain and restrictions noted. The Spurling's test is positive for cervical root pain reproduction on the right. He wears a lumbar support. The current medications included Ambien, Lyrica, Norco, and Valium. There is no previous urine drug screen report noted in the records. The physician requested treatment included active medicated specimen collection Utox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Active medicated specimen collection Utox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen.

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 06/08/15 with neck pain rated 8/10 and increased stiffness in the lower back and hips. The patient's date of injury is 12/08/00. Patient has no documented surgical history directed at this complaint. The request is for ACTIVE MEDICATED SPECIMEN COLLECTION UTOX. The RFA is dated 06/25/15. Physical examination dated 06/08/15 reveals difficulty with forward flexing greater than 45 degrees and has pain with extension, lumbar pain and stiffness with soreness noted bilaterally. There is reduced thoracolumbar range of motion with pain and restrictions noted. The Spurling's test is positive for cervical root pain reproduction on the right. The patient is currently prescribed Ambien, Lyrica, Valium, and Norco. Diagnostic imaging was not included. Patient is currently retired. 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 the urine drug screen, the provider has exceeded guideline recommendations. While MTUS does not set a specific frequency for urine drug screening, ODG specifies that patients who are considered low risk only require urine drug screening at 6 month interval from narcotic initiation, and on a yearly basis thereafter. This patient underwent urine drug screening on 02/09/15, though as of the 06/08/15 progress notes, the results of this screening are listed as pending. There are also several RFA forms requesting regular urine drug screening, dated 03/20/15 and 05/09/15 - though it is not clear if these specimens were collected or analyzed. There is no discussion as to whether this patient is considered at risk for drug abuse/diversion necessitating such frequent screening.

Without a rationale as to why this patient requires more frequent urine drug screening, or a discussion of suspected non-compliance or diversion, the requested urine drug screen cannot be substantiated. The request IS NOT medically necessary.