

Case Number:	CM15-0163047		
Date Assigned:	08/31/2015	Date of Injury:	11/22/2004
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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 33 year old male, who sustained an industrial injury on 11-22-2004. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbago, bulging lumbar disc, post laminectomy syndrome and lumbar degenerative disc disease. There is no record of a recent diagnostic study. Treatment to date has included lumbar 4 to sacral 1 arthrodesis, physical therapy and medication management. In a progress note dated 7-20-2015, the injured worker complains of low back pain rated 5 out of 10 and neck pain rated 6-7 out of 10. Physical examination showed lumbar tenderness with decreased range of motion. The treating physician is requesting Retrospective Random drug screen (date of service: 07/20/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Random drug screen (DOS 07/20/2015): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing Pain Chapter, under Opioids.

Decision rationale: The patient presents on 07/20/15 with lower back pain rated 5/10 and neck pain rated 6-7/10. The patient's date of injury is 11/22/04. Patient is status post lumbar laminectomy. The request is for RETROSPECTIVE RANDOM DRUG SCREEN (DOS 07/20/2015). The RFA was not provided. Physical examination dated 07/20/15 reveals tenderness to palpation of the lumbar spine with positive facet loading and sensory deficit in the L2-4 dermatomal distributions in the right lower extremity. The patient is currently prescribed Fentanyl, Librium, Terazosin, Valium and Xanax. Patient is currently attempting to return to work with modifications. 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. This category generally includes individuals with active substance abuse disorders. ODG Pain Chapter, under Opioids, Indicators of Addiction and Misuse states: Adverse behavior: Obtaining prescription drugs from non-medical sources, in this case, the provider is requesting a retrospective authorization for a UDS performed on 07/20/15 to ensure that this patient is compliant with his narcotic medications. Per progress note 07/20/15, the provider indicates that this patient had an inconsistent urine drug screening dated 02/27/15, which was positive for Valium (not among this patient's medications at the time). Upon questioning, the patient admitted that he had obtained the Valium from his neighbor. Additionally, it is noted that this patient has a history of alcohol abuse, and the physician also notes the failure of 5-6 attempts at detoxification from narcotic medications. Given these statements regarding previously inconsistent urine drug screening and a history of substance abuse, this patient meets criteria for more frequent urine drug screening. Therefore, the request is medically necessary.