MAXIMUS Federal Services

Case Number:	CM15-0163211		
Date Assigned:	08/31/2015	Date of Injury:	01/07/2009
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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, who sustained an industrial injury on 1-07-2009. The injured worker was diagnosed as having lumbar degenerative disc disease, status post L5-S1 disc replacement in 2011, chronic low back pain, lumbar radiculitis, lumbar myofascial pain, depression, anxiety, status post bilateral carpal tunnel release, persistent mild carpal tunnel syndrome, and status post left cubital tunnel release. Treatment to date has included diagnostics, mental health treatment, and medications. Urine toxicology (1-15-2015) was consistent with prescribed medications. It was documented that urine toxicology (11-05-2014) was consistent and CURES reports (12-01-2014, 1-23-2015, and 2-23-2015) were appropriate. On 3-02-2015, the injured worker complains of low back and left lower extremity pain, about the same. She also reported problems with her ankle and foot. She was currently taking Norco and Ultracet with good benefit. Pain was rated 3 out of 10 with medication use and 8 without. She reported needing a psychiatrist within the network to prescribe her medication (Pristiq, Xanax, and Buspar). Her social history was positive for tobacco use, occasional alcohol use, and she was not working. She was alert and oriented, with a mildly depressed affect. Urine toxicology was performed, high complexity qualitative urine drug screen by immunoassay method, with alcohol testing, any method other than breath, due to long-term use of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective High complexity qualitative urine drug screen by immunossay method with alcohol testing, any method other than breath (DOS 3/2/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency sited. In this case, the provider does not document that they are suspicious of the patient abusing or misusing opioid medications. Furthermore, the patient has had recent urine toxicology tests that were considered normal and consistent with treatment. Therefore, the request is not medically necessary.