

Case Number:	CM15-0164615		
Date Assigned:	09/02/2015	Date of Injury:	03/06/2000
Decision Date:	10/13/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/21/2015

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, Indiana, New York
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 male, who sustained an industrial injury on March 6, 2000. Treatment to date has included right lumbar transforaminal epidural steroid injection, opioid medications, diagnostic imaging, and home exercise program. Currently, the injured worker complains of continued neck, upper back, low back pain and left hip pain. He reports that his pain is improved and he is able to move around with medications. He rates his pain a 4 on a 10-point scale with the aid of medications and a 7 on a 10-point scale without the aid of medications. He reports that he is able to perform activities of daily living such as cooking, laundry, gardening, shopping, bathing, driving and dressing with his medications. His current medication regimen includes OxyIR, Topamax, Naproxen, and MS ER. The diagnoses associated with the request include low back pain, and cervicalgia. The treatment plan includes continued MS ER and OxyIR, urine drug screen and assay of urine creatinine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (DOS 7/2/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing date service July 2, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbago, low back pain; and cervical pain/cervicalgia. The date of injury is March 6, 2000. Request for authorization is dated July 17, 2015. The documentation indicates the injured worker had urine drug screens January 2015, February 2015, March 2015 and April 2015. Urine drug screens were consistent with the medications being taken and there was no documentation of renal failure. A urine drug screen dated March 10, 2015 was consistent with a urine creatinine of 162.1 (range 20 / 460). The most recent progress note indicates the injured worker takes morphine sulfate ER and OxyContin IR. The progress note documentation states the urine creatinine is routine. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, documentation indicating multiple consistent urine drug toxicology screens and no documentation of renal failure, retrospective urine drug testing date service July 2, 2015 is not medically necessary.

Retrospective assay of urine creatinine (DOS 7/2/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation KDIGO 2012 clinical practice guideline for the evaluation and management of chronic kidney disease. Kidney Int Suppl. 2013 Jan; 3(1): 1-150.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/ency/article/003610.htm>.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective assay of urine creatinine date of service July 2, 2015 is not medically necessary. The urine creatinine test measures the amount of creatinine in urine.

Creatinine is a breakdown product of creatinine, which is an important part of muscle. Creatinine is removed from the body entirely by the kidneys. Creatinine can also be measured by a blood test. In this case, Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy workers, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the injured worker's working diagnoses are lumbago, low back pain; and cervical pain/cervicalgia. The date of injury is March 6, 2000. Request for authorization is dated July 17, 2015. The documentation indicates the injured worker had urine drug screens January 2015, February 2015, March 2015 and April 2015. Urine drug screens were consistent with the medications being taken and there was no documentation of renal failure. A urine drug screen dated March 10, 2015 was consistent with a urine creatinine of 162.1 (range 20/460). The most recent progress note indicates the injured worker takes morphine sulfate ER and OxyContin IR. The progress note documentation states the urine creatinine is routine. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, consistent urine drug toxicology screens with normal urine creatinine, no documentation of renal failure and no clinical indication or rationale to repeat urine creatinine, retrospective assay of urine creatinine date of service July 2, 2015 is not medically necessary.