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| Case Number: | CM15-0180457 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 10/08/2008 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 08/20/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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: Emergency 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 52 year old male, who sustained an industrial injury on October 8, 2008. The injured worker was being treated for low back pain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar postlaminectomy pain syndrome, thoracic spine fax, chronic pain syndrome, and history of lumbar fusion at L3-L5 (lumbar 3-lumbar 5). Medical records (March 10, 2014 to June 11, 2015) indicate ongoing radicular low back pain with burning in the lower extremities. His current medications include Percocet, Nortriptyline, and Effexor. The injured worker's subjective pain rating (March 10, 2014 to June 11, 2015) was 8 out of 10 without medications and 3-4 out of 10 with medications. The physical exam (March 10, 2014 to June 11, 2015) reveals a mildly antalgic gait, moderate tenderness in the L4-S1(lumbar 4-sacral 1) paraspinal muscles, decreased Lumbar range of motion, and decreased sensation in the thighs. Per the treating physician (June 11, 2015 report), the Controlled Substance Utilization Review and Evaluation System (CURES) report from May 13, 2015 was consistent with the physician's office being the only prescribers of the injured worker's narcotic medication and a signed opioid agreement is in the chart. On April 14, 2015 and June 11, 2015, a urine drug screen was positive for oxycodone, noroxycodone, and oxymorphone. Treatment has included physical therapy, ice, heat, a non-steroidal anti-inflammatory injection, and medications including pain (Percocet since at least December 2014), anti-epilepsy, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (June 11, 2015 report), the injured worker is retired. On August 13, 2015, the requested treatments included a urine drug screen. On August 20, 2015, the original utilization review non-certified a request for urine drug screen.

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 6-11-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing.

Decision rationale: The requested Retrospective Urine Drug Screen, DOS 6-11-15, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Official Disability Guidelines, Pain (Chronic), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants 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. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants 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. The treating physician has documented that the Controlled Substance Utilization Review and Evaluation System (CURES) report from May 13, 2015 was consistent with the physician's office being the only prescribers of the injured worker's narcotic medication and a signed opioid agreement is in the chart. On April 14, 2015 and June 11, 2015, a urine drug screen was positive for oxycodone, noroxycodone, and oxymorphone. Treatment has included physical therapy, ice, heat, a non-steroidal anti-inflammatory injection, and medications including pain (Percocet since at least December 2014), anti-epilepsy, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory. The referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at "moderate risk", and the treating physician has not documented the medical necessity for drug screen frequency in excess of this amount. The criteria noted above not having been met, Retrospective Urine Drug Screen, DOS 6-11-15 is not medically necessary.