

Case Number:	CM15-0187062		
Date Assigned:	09/29/2015	Date of Injury:	11/25/2013
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/23/2015

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: Family Practice

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 38 year old male with a date of injury on 11-25-2013. The injured worker is undergoing treatment for status post microdiscectomy on L4-L5, annular tear of 5mm at L5-S1 per MRI dated 12-24-2013, and mild facet arthropathy at L4-L5 and L5-S1 per MRI dated 12-24-2013, broad based posterior disc protrusion at L4-L5 with minimal effacement of ventral thecal sac and mild to moderate central canal stenosis and mild to moderate right neuroforaminal stenosis per MRI dated 05-27-2015 and a broad based posterior disc protrusion and end-plate osteophyte complex at L5-S1 with moderate bilateral neuroforaminal stenosis per MRI dated 05-27-2015. A physician progress note dated 07-30-2015 documents the injured worker complains of persistent lower back pain rated 5.5 out of 10 which is constant and the same. He has an antalgic gait and uses a cane. There is restricted lumbar spine range of motion. Straight leg raise is positive on the left with decreased sensation over the anterior right leg and dorsal right foot. Norco helps his pain from an 8 to a 3 and Flexeril for the muscle spasm reduces the pain from an 8 to a 4, allowing him to ambulate for a longer period of time. Current medications include Norco, Flexeril and Omeprazole. He is currently not working. Treatment to date has included diagnostic studies, medications, status post microdiscectomy on L4-L5, and physical therapy. A urine drug screen done on 07-10-2015 was consistent. On 08-20-2015 Utilization Review non-certified the request for urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

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

Decision rationale: The Official Disability Guidelines comments on the use of urine drug testing. Relevant to this case, the ODG states the following: The frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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. 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. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. 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. If a urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the questioned drug. If negative on confirmatory testing the prescriber should indicate if there is a valid reason for the observed negative test, or if the negative test suggests misuse or non-compliance. Additional monitoring is recommended including pill counts. Recommendations also include measures such as prescribing fewer pills and/or fewer refills. A discussion of clinic policy and parameters in the patient's opioid agreement is recommended. Weaning or termination of opioid prescription should be considered in the absence of a valid explanation. See Opioids, dealing with misuse & addiction. In this case, the records state that the patient has not displayed any aberrant behavior. However, the urine drug screen result on 2/13/2015 was negative for the prescribed scheduled drug. There is no documentation in the medical records that this was addressed. Further, the patient had an approved urine drug screen on 5/21/2015; however, there are no results in the medical records. Given the insufficient documentation on the outcome of the 2/13/2015 urine drug screen result and an already approved urine drug screen for 5/21/2015, there is no established need for a new test; the currently requested urine toxicology screen is not medically necessary at this time.