

Case Number:	CM15-0188995		
Date Assigned:	10/01/2015	Date of Injury:	11/26/2010
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 48 year old male who sustained an industrial injury November 26, 2010. Past history included depression, hypertension, C6-7 ACDF (anterior cervical discectomy and fusion) September, 2013. According to a treating physician's progress notes dated August 12, 2015, the injured worker presented for his periodic follow-up and medications. He continues to complain of severe neck and back pain, rated 7 out of 10, and increasing sciatic pain into his left leg. There is associated numbness and tingling in the left hand and forearm. He is taking Norco and reported a 50-60% improvement in pain allowing him to walk more and perform household chores. He rated pain the last week as 8 out of 10, with relief medication relief of 60% out of 100%. The treating physician documented a PHQ-9 depression index was administered revealing a score of 20 out of 27 which would indicate severe depression symptoms. Physical examination revealed; cervical spine- range of motion is limited by pain in all planes; lumbar spine- range of motion is limited to flexion, seated straight leg raise right negative, left positive. An 11 panel urine drug screen was obtained during this visit. Diagnoses are lumbar spondylosis; lumbar degenerative disc disease. At issue, is a request for authorization for an outpatient urine drug screen. A drug pain panel report dated July 11, 2015, is present in the medical record. According to utilization review dated September 3, 2015, the request for outpatient urine drug screen is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient urine drug screen: Overturned

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): Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids" once during January-June and another July-December." The patient has been on chronic opioid therapy. UDS on 7/1/15 was inconsistent. As such, the request for Outpatient urine drug screen is medically necessary.