

Case Number:	CM15-0190605		
Date Assigned:	10/02/2015	Date of Injury:	10/11/1996
Decision Date:	11/12/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/28/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old female who sustained a work-related injury on 10-11-96. Medical record documentation on 6-18-15 indicated the injured worker had ongoing low back pain. She had been given Duragesic patches and Norco because Worker's Compensation had not been paying for it. She did not display any aberrant behavior. She reported that she was unable to cook, do laundry, garden, and to shop. She rated her pain an 8 on a 10-point scale with meds and a 10 on a 10-point scale without medications. Medical record documentation on 7-21-15 revealed the injured worker was being treated for lumbar-thoracic radiculitis, lumbago, neuralgia-neuritis, sciatica and lumbosacral disc degeneration, and pain in the foot-leg-arm-finger. She rated her pain a 10 on a 10-point scale without medications and an 8 on a 10-point scale with medications. She reported that she is able to perform activities of daily living including cooking, laundry, gardening, shopping, bathing, dressing, medication management, driving, brushing teeth and selfcare. Her medications included Prevacid 30 mg, Norco 10-325 mg tablet, Fentanyl 50 mcg-hr transdermal patch, and Duragesic 100 mcg-hr transdermal patch. The evaluating physician noted that the injured worker's drug testing showed Opana in her system and the injured worker admitted "to taking them because she had extra because she was out of Norco early." On 8-27-15, the Utilization Review physician determined in-house urine drug screen for date of service 7-21-15 #6 and in-house urine drug screen for date of service 7-21-15 #1 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

In house UDS (urine drug screen), retrospective DOS 07/21/15 (lines 3 & 4 of bill only) Qty 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Urine Drug Testing (UDT).

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 Chapter under Urine Drug Screen.

Decision rationale: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with ongoing low back pain rated 10/10 without medications and 8/10 with medications. The treater has asked for IN HOUSE UDS (URINE DRUG SCREEN), RETROSPECTIVE DOS 07/21/15 (LINES 3 & 4 OF BILL ONLY) QTY 6 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has increased low back pain and is requesting Norco per 7/21/15 report. The patient's back pain also extends to bilateral legs per 6/18/15 report. The patient is able to ambulate without assistive devices, and able to do housework and perform self-care per 7/21/15 report. In the treatment plan for 7/21/15 report, the treater increases Norco to 6 per day, and added Duragesic 100mcg patch one every three days. The patient's work status is permanently disabled per 6/18/15 report. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain Chapter under Urine Drug Screen states: 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. 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. The treater does not discuss this request in the reports provided. The patient has had 3 inconsistent urine drug screens in the past three 6 months dated 2/15/15, 5/21/15, and 7/21/15. The 7/21/15 urine drug screen was positive for Alprazolam and Fentanyl which weren't prescribed, and the 4/21/15 urine drug screen was positive for Oxymorphone which was not prescribed. In requesting 7/21/15 report, treater states: Advised patient that it breaks the pain agreement when she takes previously prescribed medication with her current medication. This is not acceptable. The treater has not provided the patient's risk assessment, but it appears the patient has a history of mixing currently prescribed and previously prescribed medications. However, the patient does not have a history of substance abuse per ODG guideline indications for patients at high risk. As the patient has already had 3 recent urine drug screen, the current request for 6 additional urine drug screens is excessive and not in accordance with guidelines. The request IS NOT medically necessary.

In house UDS (urine drug screen), retrospective DOS 07/21/15 (lines 3 & 4 of bill only) Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Urine Drug Testing (UDT).

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 chapter under Urine Drug Testing.

Decision rationale: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with ongoing low back pain rated 10/10 without medications and 8/10 with medications. The treater has asked for IN HOUSE UDS (URINE DRUG SCREEN), RETROSPECTIVE DOS 07/21/15 (LINES 3 & 4 OF BILL ONLY) QTY 1 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has increased low back pain and is requesting Norco per 7/21/15 report. The patient's back pain also extends to bilateral legs per 6/18/15 report. The patient is able to ambulate without assistive devices, and able to do housework and perform self-care per 7/21/15 report. In the treatment plan for 7/21/15 report, the treater increases Norco to 6 per day, and added Duragesic 100mcg patch one every three days. The patient's work status is permanently disabled per 6/18/15 report. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: 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. The treater does not discuss this request in the reports provided. The patient has had 3 inconsistent urine drug screens in the past three 6 months dated 2/15/15, 5/21/15, and 7/21/15. The 7/21/15 urine drug screen was positive for Alprazolam and Fentanyl which weren't prescribed, and the 4/21/15 urine drug screen was positive for Oxymorphone which was not prescribed. In requesting 7/21/15 report, treater states: Advised patient that it breaks the pain agreement when she takes previously prescribed medication with her current medication. This is not acceptable. The treater has not taken any action until the third UDS which is in question. The patient had inconsistent results on 2/15/15, and 5/21/15, which were not addressed. The treater had enough information to take some kind of action regarding the patient's aberrant medication use behavior. There does not appear to have been a need to repeat the test on 7/21/15 as things did not change. The request IS NOT medically necessary.