

Case Number:	CM15-0191617		
Date Assigned:	10/05/2015	Date of Injury:	08/13/2012
Decision Date:	11/12/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 47 year old male, who sustained an industrial injury on 8-13-2012. The injured worker was being treated for lumbar sprain and strain with disc protrusions at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) and right lower extremity radicular symptoms. Medical records (4-15-2015 to 8-12-2015) indicate that the injured worker reported ongoing low back pain radiating to the right hip and down the right thigh. He reported some radiation into the lower thoracic region and persistent right foot tingling. He reported continued improvement in pain and function with his current medications (Oxycodone Oxycontin since at least 5-2015). Per the treating physician (4-15-2015 to 8-12-2015 report), the injured worker has no adverse effects or aberrant drug-taking behavior. He reported improved ability to participate in activities of daily living and a walking and swimming program, sit up to 4-6 hours, and participate in household chores. Per the treating physician (6-16-2015 report), pain management compliance testing was reviewed and the results were consistent with the currently prescribed medications. On 2-18- 2015 and 8-12-2015, urine drug screens detected Oxycodone, Noroxycodone, Oxymorphone, and Noroxymorphone. Per the treating physician (8-12-2015 report), the injured worker is medically retired and not working. The requested treatments included an active-medicated specimen. On 9-24-2015, the original utilization review non-certified a request for an active- medicated specimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review (DOS 8/12/15) Active-medicated specimen: 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.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs: use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. A review online revealed that an active medicated specimen collection kit contains furosemide 20mg tablet; 3x benzalkonium chloride towelettes; 1x sterile urine collection cup w/ temperature strip; 1x specimen bag. There is no clear rationale presented for the use of the Active Medicated Specimen Collection Kit rather than the standard point-of-contact UDS recommended by the guidelines. In light of the above issues, the currently requested Active Medicated Specimen Collection Kit is not medically necessary.