MAXIMUS Federal Services

Case Number:	CM15-0191916		
Date Assigned:	10/05/2015	Date of Injury:	02/23/2007
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
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: Texas, 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 46 year old male, who sustained an industrial injury on 2-23-2007. He reported injuries to the low back, right hand, and right knee from a fall down a flight of stairs. Diagnoses include dysthymic disorder, muscle pain, lumbar facet joint pain, degenerative disc disease, low back pain, knee pain, chronic pain syndrome, and meniscus tear, status post right knee arthroscopy 20-2-2012. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, home exercise, heat, ice, and lumbar facet injections. On 7-27-15, he complained of ongoing pain in the low back, right wrist and bilateral knees. The medications were noted to be effective in reducing pain from 7 out of 10 VAS to 4 out of 10 VAS, and increasing function. Medications listed included Norco, Exalgo, Flexeril, Omeprazole, gabapentin, and Lunesta. The provider documented a urinalysis was obtained on 5-4-15 and 7-27-15, and sent to the lab for further qualitative and quantitative analysis. Both were noted to have been positive for opiate, consistent with treatment. The medical records submitted for this review did not include documentation regarding prior alcohol use, current alcohol use, or suspected high risk behaviors. The physical examination documented bilateral knee tenderness and crepitus. The lumbar spine had tenderness in the muscles and facet joints and a positive straight leg raise test bilaterally. The plan of care included ongoing medication therapy. The appeal requested authorization for a retrospective high complexity qualitative urine drug screen by immunoassay method with alcohol testing. The Utilization Review dated 9-11-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective high complexity qualitative urine drug screen by immunoassay method with alcohol testing (DOS: unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

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) Treatment Index, Pain (updated 10/09/15) Urine drug testing (UDT).

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. 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. The provider documented a urinalysis was obtained on 5-4-15 and 7-27-15, and both were noted to have been positive for opiate, consistent with treatment. The medical records submitted for this review did not include documentation regarding prior alcohol use, current alcohol use, or suspected high risk behaviors. The rationale for the request for a high complexity qualitative urine drug screen by immunoassay method with alcohol testing was not specified in the records specified. A history of substance abuse was not specified in the records provided. Evidence that the patient was at a high risk of addiction or aberrant behavior was not specified in the records provided. The request for Retrospective high complexity qualitative urine drug screen by immunoassay method with alcohol testing is not medically necessary or fully established in this patient.