

Case Number:	CM15-0193457		
Date Assigned:	10/07/2015	Date of Injury:	04/22/1994
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 68 year old female, who sustained an industrial injury on 4-22-1994. The injured worker is undergoing treatment for: cervical intervertebral disc displacement without myelopathy, opioid type dependence, lumbar intervertebral disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, myalgia and myositis, neuralgia neuritis and radiculitis. On 9-2-15, she reported low back and neck pain with radiation to the bilateral upper extremities and bilateral lower extremities. She rated her pain 4 out of 10, and indicated it is worsened by bending, going up or down stairs, heat and increased activity. She indicated without medications her pain would be rated 8-9 out of 10. Physical examination revealed decreased left shoulder range of motion, positive impingement on the left, positive Tinel's tap and Phalen's tests bilaterally, positive straight leg raise test on the left. The physical examination is noted as "unchanged". The records do not discuss aberrant drug behavior or non-compliance with prescribed medications. The treatment and diagnostic testing to date has included: urine drug screen (3-6-15 and 8-4-15), injections, medications, resting. Medications have included: Ativan, Wellbutrin, losartan, aspirin, synthroid, Zocor, Benadryl, allopurinol, abilify, novolog mix 70-30, omega 3, promethazine, and tramadol. Current work status: unclear. The request for authorization is for: 3 random urine drug screens in a 12 month period using quantitative analysis. The UR dated 9-22-2015: non-certification of 3 random urine drug screens in a 12 month period using quantitative analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) random urine drug screens in a 12 month period using quantitative analysis:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine 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) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, three (3) random urine drug screens in 12 month period using quantitative analysis is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are displacement cervical intervertebral disc without myelopathy; opiate type dependence continuous; displacement lumbar intervertebral disc without myelopathy; lumbosacral spondylosis without myelopathy; unspecified myalgia and myositis; and unspecified neuralgia and radiculitis. Date of injury is April 22, 1994. Request for authorization is September 15, 2015. According to a March 6, 2015 progress note, the treating provider prescribed tramadol at that time. According to the utilization review, tramadol was certified for weaning October 14, 2014. Two urine drug screens were performed and documented in the record. One urine drug screen was performed March 6, 2015 that showed Ativan, tramadol, Abilify and Wellbutrin. The result was inconsistent with no Ativan present. A second urine drug screen was performed August 4, 2015. The result was consistent with medications taken. According to the most recent progress note dated September 2, 2015, subjective symptoms include low back pain and neck pain times 10 years with radiation to the bilateral upper extremities and lower extremities. Pain score is 4/10. Objectively, range of motion was decreased. There is spasm in the trapezius muscles with tenderness to palpation at left S1. There are no detailed pain assessments in the medical record. There are no risk assessments. There is no documentation demonstrating objective functional improvement. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. The treating provider indicated the multiple urine drug screens were ordered to help prevent diversion and abuse. Urine drug toxicology screens will not help prevent diversion and abuse. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation of aberrant drug-related behavior, a consistent urine drug screen dated August 4, 2015 and no clinical indication or rationale for three urine drug screens, three (3) random urine drug screens in 12-month period using quantitative analysis is not medically necessary.