

Case Number:	CM15-0193584		
Date Assigned:	10/07/2015	Date of Injury:	08/09/2012
Decision Date:	12/10/2015	UR Denial Date:	09/25/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 47 year old male, who sustained an industrial injury on 8-9-12. Medical records indicate that the injured worker is undergoing treatment for lumbosacral spine spondylosis without myelopathy, lumbar disc displacement, myalgia and myositis not otherwise specified, sacroiliitis, chronic low back pain and sleep disturbance. The injured worker is currently not working. On (9-18-15) the injured worker complained of right buttock, low back and bilateral lower extremity pain. Objective findings noted that the injured workers gait and movements were within baseline for his level of function. Neurologically the injured worker is intact without gross deficiencies. A urine drug screen was performed to assess medication compliance. The injured worker was noted to be compliant with his medications and does not display aberrant drug behaviors or signs of diversion. Treatment and evaluation to date has included medications, right hip x-rays, lumbar MRI, electromyography-nerve conduction studies, urine drug screen, transformational epidural steroid injections, physical therapy and acupuncture treatments. Current medications include Lidoderm Patches, Meloxicam, cyclobenzaprine, Lyrica, Norco, omeprazole, hydrochlorothiazide, Lisinopril and Sertraline. The current treatment request is for a retrospective urine drug screen (date of service 9-18-15). The Utilization Review documentation dated 9-25-15 non-certified the request for a retrospective urine drug screen (date of service 9-18-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen (DOS 9/18/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, differentiation: dependence & addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs. Treatment recommendations included the use of two restricted medications, including an opioid. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for a urine drug screen for the date of service 09/18/2015 is medically necessary.