

Case Number:	CM15-0196074		
Date Assigned:	10/09/2015	Date of Injury:	12/12/2012
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This is a 28 year old male who sustained a work-related injury on 12-12-12. Medical record documentation on 9-16-15 revealed the injured worker was being treated for displacement of lumbar intervertebral disc without myelopathy and chronic pain syndrome. He reported that his low back pain had been stable and he sometimes had sharp pain in the right lower ribs. An MRI of the lumbar spine was documented by the evaluating physician as revealing a 5mm broad-based disc protrusion at L5-S1. Surgery was not recommended following a 9-8-14 surgical consultation. The evaluating physician noted that the injured worker continued to have persistent low back pain radiating to the right lower extremity. His pain was described as spasm-like, sharp, dull and burning. He rated his pain a 7 on a 10-point scale and noted that the pain increased with walking, standing and lifting. He had weakness and numbness in the right lower extremity. Objective findings included limited lumbar range of motion with forward flexion to 15 degrees. There was tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with lumbar paraspinal spasms. He had a negative lumbar facet loading test and positive straight leg raise on the right. A urine toxicology random in-office 8 panel test was performed on 9-16-15 to monitor compliance with the clinic's policies with regard to safe and appropriate use of prescription analgesic medications. His urine toxicology test was consistent with his medication regimen. His medication regimen included gabapentin 600 mg, tramadol 50 mg and trazodone 50 mg. A request for retrospective request for one (1) random in office 8 panel urine toxicology test for date of service 9-16-15 was received on 9-28-15. On 9-30-15, the Utilization Review physician determined retrospective request for one (1) random in office 8 panel urine toxicology test for date of service 9-16-15 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: One (1) random-in-office 8 panel urine toxicology test (DOS: 9/15/15):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain (Chronic): urine drug test (2015).

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. The use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control recommends 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. 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. In this case, the reviewed documentation does not identify any risk factors for opioid abuse. There is no documented evidence of suspicion of illicit drug use, aberrant behavior, or escalation of dosing. This would place the injured worker at low risk. The guidelines recommend UDT 6 months after the initiation of therapy and on an annual basis thereafter for those on chronic opioid therapy. The worker was injured in 2012. There is no documentation of prior UDT results or frequency of testing. Therefore, the request does not meet the criteria set forth in the guidelines and is not medically necessary.