

Case Number:	CM15-0197496		
Date Assigned:	10/12/2015	Date of Injury:	08/09/1999
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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: New Jersey

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:

This is a 65-year-old male who sustained a work-related injury on 8-9-99. Medical record documentation on 8-26-15 revealed the injured worker was being treated for lumbar spine stenosis. He reported low back pain and stiffness with radiation of pain to the legs. He reported that his pain is manageable with his medications. With medications, his pain is reduced from 8 on a 10-point scale to 2-3 on a 10-point scale. Objective findings included tenderness to palpation over the lower lumbar paraspinal muscles. His lumbar spine range of motion was forward flexion to 65 degrees, extension to 10 degrees and lateral bending to 30 degrees. His sitting straight leg raise was negative bilaterally and the strength in his lower extremities was intact. His medications included Norco 5-325 (since at least 4-8-15). Documentation on 4-8-15 revealed the injured worker underwent a previous urine drug screen, which was consistent with his medication regimen. A request for urine drug toxicology screen was received on 9-18-25. On 9-29-15, the Utilization Review physician determined a urine drug toxicology screen was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter updated 03/23/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, differentiation: dependence & addiction.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, records suggested frequent drug testing was completed based on it being part of the treatment plan in each of the progress notes submitted for review. There was no information found in the documentation to suggest this worker was at an elevated risk for misuse of his prescribed medications and no record to suggest there was an abnormal urine screening test result. Therefore, it appears that the frequent testing is not medically necessary, nor is this request for an additional urine drug screening.