

Case Number:	CM15-0198182		
Date Assigned:	10/16/2015	Date of Injury:	12/10/2014
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 33 year old male, who sustained an industrial injury on 12-10-2014. Diagnoses include lumbar sprain-strain, lumbar radiculopathy, and muscle spasm of the back. Treatments to date include modified activity, chiropractic therapy, physical therapy, and NSAID and anti-inflammatory medication. It was noted on 6-25-15, NSAIDs were discontinued secondary to complaints of abdominal pain and acid reflux. On 6-12-15, he complained of ongoing pain in the low back with radiation to the left lower extremity. The physical examination documented decreased lumbar range of motion and a positive straight leg raise test. The record documented, "(The) patient has been denied all treatment and he may have a neutral doctor appointment next week." The most recent progress note available for this review was completed on 6-25-15. He complained of abdominal complaints and symptoms of acid reflux, in addition to musculoskeletal complaints of neck and low back pain. There were no abnormal objective findings documented. The treating diagnosis included possible gastropathy secondary to NSAID use. The plan of care included obtaining a laboratory evaluation, abdominal ultrasound, and an upper gastrointestinal series. The appeal requested authorization for quantitative drug testing. The Utilization Review dated 9-25-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Drug Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Substance abuse (substance related disorders, tolerance, dependence, addiction) and Other Medical Treatment Guidelines University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. A urine drug screen is the preferred method for screening for abuse. Additionally: "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids " once during January-June and another July-December". ODG States: Cautionary red flags for patients that may potentially abuse opioids: (a) History of alcohol or substance abuse, (b) Active alcohol or substance abuse, (c) Borderline personality disorder, (d) Mood disorders (depression) or psychotic disorders, (e) Non-return to work for >6 months, (f) Poor response to opioids in the past (Washington, 2002) Cautionary red flags of addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse or intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Medications are provided by multiple providers. (Wisconsin, 2004) The medical records fail to document that the patient has been on chronic opioid therapy. The records do not indicate that the injured worker has a medical history of drug abuse or has a history of non-compliance with opioid treatment. In addition, the treating physician did not document red flags of opioid abuse that may justify blood levels of medications. As such, the request for Quantitative Drug Testing is not medically necessary.