

Case Number:	CM15-0199327		
Date Assigned:	10/14/2015	Date of Injury:	06/25/1997
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76 year old male who sustained an industrial injury on 6-25-97. A review of the medical records indicates the worker is undergoing treatment for postlaminectomy-lumbar, spinal stenosis-lumbar, pain-shoulder region, ulnar nerve lesion, carpal tunnel syndrome, pain-neck cervical, degenerative disc disease, (RIND) reversible ischemic neurological deficit, stroke-cerebrovascular accident, and sleep apnea. Subjective complaints (9-17-15) include chronic pain, with report of tolerating medications well, without side effects. Average pain is rated at 2-3 out of 10. Medications are noted as MS Contin 60mg extended release 1 tablet every 8 hours and Neurontin 600mg 1 tablet every 6 hours. Objective findings (9-17-15) include notation that current CURES report (controlled substance utilization review and evaluation system) and past urine drug screen results indicate the worker "appears to be an appropriate candidate for chronic opioid therapy." (the date of previous urine drug screens was not noted) The SOAPP-R (screener and opioid assessment for patients with pain) Risk assessment revealed a risk assessment score of 0, negative test <18, low risk <10. The treatment plan includes continuing MS Contin extended release 60mg every 8 hours #90, no refills and continue Neurontin 600mg every 6 hours #120, 2 refills. A request for authorization is dated 9-22-15. The requested treatment of a urine drug test (12-panel) was denied on 9-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test (12 panel): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of Urine drug testing.

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 Chapter under Urine Drug Screen.

Decision rationale: The current request is for a Urine drug test (12-panel). The RFA is dated 09/022/15. Treatment history include knee surgery (1974), rotator cuff surgery (1996 and 2002), lumbar surgery (2000), injections, physical therapy and medications. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, Criteria for Use of Opioids Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen states: "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. Patients at "moderate risk" for addiction/ aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Per report 09/17/15, the patient presents for pain management for his chronic pain. The treater states, "Current CURES and past UDS results were reviewed and this patient appears to be an appropriate candidate for chronic opioid therapy." Current medications include MS Contin ER, and Neurontin. The SOAPP-R (screener and opioid assessment for patients with pain) revealed a risk assessment score of 0, negative test <18, low risk <10. Progress reports 03/19/15 through 09/17/15 were provided for review. There is no indication of any other request for UDS. ODG does support once yearly screening for low risk patients. Given that there is no indication of any recent screening, the request appears reasonable. Therefore, this request IS medically necessary.