

Case Number:	CM15-0204758		
Date Assigned:	10/21/2015	Date of Injury:	01/13/2013
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 70 year old male, who sustained an industrial injury on 1-13-2013. The injured worker was being treated for bilateral middle finger triggering, left carpal tunnel syndrome, cervical stenosis with multi-level disc spondylosis, and lumbar spondylosis with spinal canal stenosis. Treatment to date has included diagnostics, left lumbar facet rhizotomy, trigger finger injections, home exercise program, and medications. On 7-14-2015, the injured worker complained of low back pain with radiation to the left back and right hip pain radiating to the groin. He reported that back pain was under control with medication. Physical exam noted "normal" gait, mild tenderness to palpation of the lumbar spine, and internal rotation caused hip and groin pain. He was to continue omeprazole, gabapentin, and Relafen. No aberrant behavior was described. His work status was permanent and stationary and he was retired. Urine toxicology point of care screening (7-14-2015) was negative for tested analytes. Previous urine toxicology results were not referenced in the reports dated 7-14-2015 or 6-05-2015. Per the Request for Authorization dated 7-14-2015, the treatment plan included urine drug test: qualitative point of care test x 2 units and quantitative lab confirmations, non-certified by Utilization Review on 10-08-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: Qualitative Point of Care Test x 2 units and Quantitative Lab Confirmations: 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 Chapter, Urine Drug Testing (UDT).

MAXIMUS 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 testing (UDT).

Decision rationale: According to the cited MTUS guidelines, frequent urine drug testing (UDT) is recommended for those at high risk of opioid abuse. The ODG states that UDT is a tool to monitor compliance with prescribed substances, identify undisclosed substance usage, and uncover diversion of prescribed substances. UDT should be used in "conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." Furthermore, testing should be based on the risk stratification and that "low risk" patients should be tested within six months of therapy start, then yearly. At this time, the injured worker is not taking opioids routinely, he does not fit a "high risk" category for addiction/aberrant behavior, and he has had a UDT within the past year on 2-13-2015. Therefore, based on the records available and guidelines cited, the request for urine drug test qualitative point of care test x 2 units and quantitative lab confirmations is not medically necessary or appropriate.