

Case Number:	CM15-0023023		
Date Assigned:	02/12/2015	Date of Injury:	02/08/1995
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old man sustained an industrial injury on 2/8/1995. The mechanism of injury is not detailed. Current diagnoses include foraminal stenosis left L3-L4 with refractory radiculopathy, annular tear L3-L4, cervical spondylosis, cervical radiculopathy, bilateral carpal tunnel syndrome with carpal tunnel release. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 9/22/2014 show cervical pain with upper extremity symptoms, low back pain, bilateral wrist/hand pain, and left shoulder pain rated 5-6/10. Recommendations include to continue foam roller, lumbosacral orthotic, TENS unit, and observation. Urine drug screen was claimed to be in compliance due to high risk designation as justified by poor response to opioids in the past, depression, no return to work for several months, history of alcohol or substance abuse, active alcohol or substance abuse, and history of mood or personality disorder. On 1/26/2015, Utilization Review evaluated a prescription for retrospective urine drug screen, random toxicology screen, that was submitted on 2/5/2015. The UR physician noted there is no evidence that the worker is at risk. Further, the results of the testing that was performed are not included for review. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: UDS random toxicology screen DOS: 12/15/2014 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 108.

Decision rationale: Retro: UDS rand toxicology screen DOS: 12/15/2014 qty: 1.00 is not medically necessary. Per Ca MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care him immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patient's at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) There is no documentation of his urine drug testing limited to point of care immunoassay testing. Additionally, the provider did not document risk stratification using a testing instrument as recommended in the Ca MTUS to determine frequency of UDS testing indicated; therefore the requested services not medically necessary.