

Case Number:	CM15-0025091		
Date Assigned:	02/17/2015	Date of Injury:	08/09/2011
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, California
 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 60 year old male patient, who sustained an industrial injury on August 9, 2011. There was no mechanism of injury documented. The diagnoses include bilateral radiculopathy left side greater than right, left inguinal hernia, urinary incontinence, erectile dysfunction, depression, anxiety and sleep difficulties. According to the primary treating physician's progress report on January 21, 2015, he had complaints of low back pain with numbness to the lower extremities. The physical examination revealed guarded gait, ambulated with a cane, bilateral shoulders-tenderness, lumbar spine- paraspinal muscle spasm, positive straight leg raising at 45 degrees on the left side and 56 degrees at the right side. The medications list includes Butrans, Gabapentin, Naproxen, Flomax and Cialis. He has had EMG/NCS of lower extremities on 4/4/2013 which revealed peripheral neuropathy and lumbar MRI on 3/21/2013 which revealed post operative changes and recurrent disc protrusions. He has undergone discectomy and laminectomy at L4-L5 and L5-S1 on September 30, 2011. Recent treatment modalities consist of physical therapy, pain management and a psychological evaluation. He has had urine drug screen on 9/5/2014 and 12/18/2014 which was inconsistent for buprenorphine. The treating physician requested authorization for (4) four separate urine drug tests; qualitative point of care test and quantitative lab confirmations. On January 23, 2015 the Utilization Review denied certification for (4) four separate urine drug tests; qualitative point of care test and quantitative lab confirmations. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Four separate urine drug tests; qualitative point of care test and quantitative lab confirmations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Chapter: Pain (updated 03/23/15) Opioids, tools for risk stratification & monitoring. Urine drug testing (UDT).

Decision rationale: Request: Q-- Four separate urine drug tests; qualitative point of care test and quantitative lab confirmations. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." He has had urine drug screen on 9/5/2014 and 12/18/2014 which was inconsistent for buprenorphine (prescribed but not detected). In addition, per the cited guidelines "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." Patient has already had urine drug screen on 9/5/2014 and 12/18/2014. The rationale for frequent repetition of urine drug screens (4 times), is not specified in the records provided. Evidence that the pt is being prescribed significant doses of potent opioids, is not specified in the records provided. In addition, cited guidelines recommended the confirmation test only for inappropriate or unexplained results. The medical necessity of Four separate urine drug tests; qualitative point of care test and quantitative lab confirmations is not fully established in this patient at this juncture.