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| Case Number: | CM15-0027497 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 09/06/2012 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 02/13/2015 |

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 50 year old male who sustained an industrial injury on 9/6/12. He currently complains of continued back pain with radiation down bilateral lower extremities. His pain intensity is 3-4/10. Medications include Norco, mirtazapine, Zoloft, diclofenac, docusate, Protonic and alfuzosin. Urine drug screen 4/15/14 was positive for opiates and benzodiazepines. Medications do decrease pain and improve function. Diagnoses are depression, gastroesophageal reflux disease; lumbar disc displacement without myelopathy; disorders of the sacrum; sciatica, psychogenic pain. Treatments to date include cognitive behavioral therapy, medications, multiple spinal injection, physical therapy, chiropractic treatment none of which offered significant improvement. Diagnostics included x-rays and MRI of the lumbar spine, electromyography and nerve conduction studies. In a note dated 12/31/14 the treating provider indicates that the requested urine drug screens were positive for hydrocodone which was consistent with the usage by the injured worker. The results of the screens were used to make changes in the prescription drug plan if warranted. On 1/15/15 Utilization review non-certified the retrospective request for urine drug screen (DOS: 12/19/13 & 4/15/14) citing MTUS: Chronic pain medical Treatment Guidelines: Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 2 Urine Drug Screens (DOS: 12/19/2013 and 4/15/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The 50 year old patient presents with spasms and pain in the lower back that radiates to the right lower extremity, as per the physician's UR appeal letter dated 12/31/14. The request is for RETROSPECTIVE: 2 URINE DRUG SCREENS (DOS: 12/19/2013 AND 04/15/2014). The RFA for this case is dated 01/05/15, and the patient's date of injury is 09/06/12. Medications, as per the appeal letter dated 12/31/14, included Norflex, Zoloft, Protonix and Hydrocodone. Diagnoses included lumbar disc displacement, disorders sacrum, depression, sciatica, anxiety disorder and pain psychogenic NEC. The patient has been allowed to work with restrictions, as per progress report dated 11/20/14. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: 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." In the UR appeal letter dated 12/31/14, the treater states that the requested screenings are for the presence of Hydrocodone only. We had conducted urine drug screenings on 12/19/13 and 04/15/14. The UDS was positive for Hydrocodone which was consistent with the usage of Hydrocodone/APAP by the patient, treater states. The report, however, does not discuss the patient's risk for opioid dependence. MTUS recommends only annual testing in low-risk patients. Hence, the retrospective request for two UDS within a span of 6 months IS NOT medically necessary.