

Case Number:	CM15-0029465		
Date Assigned:	02/23/2015	Date of Injury:	07/12/2007
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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 64-year-old female, who sustained an industrial injury on 07/12/2007. The diagnoses have included L4-S1 disc herniations with market facet arthropathy, disc deterioration, and degenerative changes and status post C5-C7 anterior cervical discectomy and fusion on 07/16/2014. Noted treatments to date have included spine surgery, physical therapy, acupuncture, and medications. Diagnostics to date have included CT of the cervical spine on 07/08/2014, which showed arthritic changes at C2-C5, 2-3mm posterior disc bulge at C6-C7, and 2mm posterior osteophytic ridging at C7-T1. In a progress note dated 01/09/2015, the injured worker presented with complaints of bilateral knee and cervical spine pain. The treating physician reported increasing her nortriptyline. Utilization Review determination on 01/22/2015 non-certified the request for Urine Drug Screen citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states: (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 this case, the patient has been taking Tramadol (an opioid) at least since 03/28/14. The patient has also undergone multiple urine toxicology tests with the most recent tests being on 04/03/14 and 06/13/14. The treating physician, however, does not document the patient's risk for opioid dependence. MTUS recommends only annual testing in low-risk patients. Therefore the request is not medically necessary.