MAXIMUS Federal Services

Case Number:	CM15-0217299		
Date Assigned:	11/09/2015	Date of Injury:	02/26/2011
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/04/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 47 year old female who sustained an industrial injury on 02-26-2011. A review of the medical records indicated that the injured worker is undergoing treatment for left ankle pain. The injured worker is status post left ankle reconstructive surgery in 2013. According to the treating physician's progress report on 09-14-2015, the injured worker continues to experience left ankle pain rated at 5-6 with medications and 8-9 out of 10 on the pain scale without medications. Examination demonstrated minimal tenderness over the left ankle with relatively good range of motion and a normal gait. Motor strength of the bilateral lower extremities was intact. No swelling was noted. The injured worker is Permanent & Stationary (P&S) and working with restrictions. Prior treatments have included diagnostic testing, surgery and medications. Current medications were listed as Morphine Sulfate IR, Nabumetone, Tylenol and Prozac. A urine drug screening performed in 06-2015 was negative for all entities. According to the injured worker she was not able to get her medications. Treatment plan consists of the current retrospective request for a urine drug screening (DOS: 07-10-2015). On 10-19- 2015 the Utilization Review determined the retrospective request for a urine drug screening (DOS: 07-10-2015) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, (retrospective DOS 07/10/15), Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a high risk of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. 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. In this case the injured worker is a 47 year old female who was injured in 2011. She is being treated for chronic left ankle. According to the submitted documentation this worker would be classified as "low risk" for aberrant/addictive behavior. Based on the documentation opioid therapy was initiated on 6/8/15. According to the guidelines a drug screen is recommended within 6 months of initiating opioid therapy and on an annual basis thereafter. There is no documentation to support previous urine drug screen within the past year. This request is supported by the cited guidelines and is therefore medically necessary.