

Case Number:	CM15-0218831		
Date Assigned:	11/10/2015	Date of Injury:	12/15/1998
Decision Date:	12/29/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/06/2015

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: 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 67 year old female, who sustained an industrial injury on 12-15-98. The documentation on 9-3-15 noted that the injured worker continues with global pain, difficulty with sleep, depression and irritability and crying often. The documentation noted that the injured worker is seeing a psychiatrist for her depression. There is mild distal left leg weakness and she has diffuse axial spine tenderness. The diagnoses have included chronic pain syndrome, fibromyalgia; chronic daily headaches; chronic fatigue syndrome and left lumbar radiculitis with L5-S1 (sacroiliac) focal disc protrusion. Treatment to date has included pool therapy; ultram ER for pain; cymbalta for pain and depression; topamax for headaches and nuvigil for fatigue. The original utilization review (11-3-15) non-certified the request for retrospective (collected 9-3-15) qualitative point of care test and retrospective quantitative lab confirmation (collected 9-3-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (collected 9/3/15) Qualitative Point of care test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Urine drug test.

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 chapter under Urine Drug Testing.

Decision rationale: Based on the 9/3/15 progress report provided by the treating physician, this patient presents with global pain, difficulty with sleep, depression, and irritability. The treater has asked for RETROSPECTIVE (COLLECTED 9/3/15) QUALITATIVE POINT OF CARE TEST but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p pool therapy which has been helpful per 9/3/15 report. Prior to approval for pool therapy at the [REDACTED], the patient was bedridden per 9/3/15 report. The patient is currently walking without cane assistance, and has mild distal left leg weakness per 9/3/15 report. The patient is currently taking Tramadol, Topamax, Cymbalta, Prosom, and Prilosec per 8/24/15 report. The patient is currently permanent and stationary per 9/3/15 report, and temporarily disabled per 8/24/15 report. MTUS, Drug Testing Section, page 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "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." The treater does not discuss this request in the reports provided. The treater has not provided the patient's risk assessment. Given the patient is undergoing opioid therapy, the request would appear to be indicated. Utilization review letter dated 11/3/15 denied request due to lack of documentation of risk stratification consistent with guidelines. The patient had an appropriate urine drug screen according to 5/29/15 report. ODG recommends urine drug screens on a yearly basis if the patient is at low risk, and the treater does not provide a rationale for more frequent testing. Therefore, the request IS NOT medically necessary.

Retrospective Quantitative lab confirmation (collected 9/3/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Urine Drug Test.

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 chapter under Urine Drug Testing.

Decision rationale: Based on the 9/3/15 progress report provided by the treating physician, this patient presents with global pain, difficulty with sleep, depression, and irritability. The treater has asked for RETROSPECTIVE QUANTITATIVE LAB CONFIRMATION (COLLECTED 9/3/15) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p pool therapy which has been helpful per 9/3/15 report. Prior to approval for pool therapy at the [REDACTED], the patient was bedridden per 9/3/15 report. The patient is currently walking without cane assistance, and has mild distal left leg weakness per 9/3/15 report. The patient is currently taking Tramadol, Topamax, Cymbalta, Prosom, and Prilosec per 8/24/15 report. The patient is currently permanent and stationary per 9/3/15 report, and temporarily disabled per 8/24/15 report. MTUS, Drug Testing Section, page 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "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." The treater does not discuss this request in the reports provided. Utilization review letter dated 11/3/15 denies the request as the treater does not discuss necessity of multiple urine drug tests in a year, and cites ODG guidelines for urine drug

testing. The treater states in 5/27/15 report that a recent urine drug screen was consistent with prescribed medications. ODG recommends urine drug screens on a yearly basis if the patient is at low risk. This request for quantitative testing is concurrent with another request for a urine drug screen. As there is no documentation that the concurrently requested urine drug screen with date of service of 9/3/15 was inconsistent, confirmatory testing is not indicated. Per guidelines, a quantitative study is required when the initial screen test is inconsistent or abnormal. Hence, the request IS NOT medically necessary.