

Case Number:	CM15-0221060		
Date Assigned:	11/16/2015	Date of Injury:	06/07/2012
Decision Date:	12/29/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: 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 57-year-old male who sustained an industrial injury on 06-07-2012. Medical records indicated the worker was treated for cervicgia. Diagnoses listed on 10-07-2015 include Cervicgia, lumbago, anxiety, depression, gastroesophageal reflux disease. In the provider notes of 10-08-2015, the injured worker is seen in follow up after MRI and x-rays of the lumbar spine. He has significant low back pain and is also seeing a psychiatrist for suicidal ideations, attempts, and depression. He has made three suicide attempts in the past. On exam, his neurologic exam was unremarkable. He had no objective weakness in any specific muscle group and had sensation intact to light touch and pinprick throughout. He has pain with provocative maneuvers in his left sacroiliac joint. He has tenderness over his right knee with no appreciable swelling. MRI of the cervical spine on 06-04-2014 demonstrated a 1 mm disc bulge at C4-C5 and C5-C6 with no central canal or foraminal compromise. He has normal cervical lordic curve. A MRI of 06-04-2014 of the lumbar spine shows L4-L5 and L5-S1 disc desiccation with no significant central canal or foraminal stenosis. A review of his electromyogram and nerve conduction study showed chronic radiculopathy involving the right Cr-C6 and C7-C8 and left L4-L5 levels. Lumbar x-rays of 09-17-2015 demonstrated mild narrowing of the L4-L5 and L5-S1 disc spaces with small osteophytes. His MRI of the Lumbar spine in September 2015 demonstrated L4-L5 and L5-S1 disc desiccation. There was partial collapse of the L5-S1 disc with no significant stenosis and no evidence of root compression. The worker has completed five of a series of eight aquatic therapy sessions, which are reported to relax his muscles. In the

provider notes of 10-07-2015, his pain is reported to be a 7 on a scale of 0-10 and his "meds help". He is able to walk more with medications. The treatment plan includes additional aquatic therapy sessions and refills of his medications Gabapentin, Tramadol ER, Omeprazole DR, Robaxin Cymbalta, and Remeron with a decrease in his dosage of Remeron. His psychiatric sessions are to be continued. A random urine drug testing is requested on 10-07-2015 to determine levels of prescription and presence of any non-prescription drugs. A request for authorization was submitted for a Urine drug screen. A utilization review decision 11-02-2015 non-certified the request.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Urine Drug Test (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

Decision rationale: The 57-year-old patient complains of neck pain, low back pain, and right knee pain, rated at 7-8/10, as per progress report dated 10/07/15. The request is for urine drug screen. The RFA for this case is dated 10/07/15, and the patient's date of injury is 06/07/12. Diagnoses, as per pain management progress report dated 10/07/15, included cervicalgia, cervical radiculopathy, cervical disc protrusion, cervical spine degenerative disc disease, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, lumbar spine degenerative disc disease, anxiety, depression, knee pain status post surgery, and GERD. Medications include Remeron, Ultram, Omeprazole, Gabapentin, and Robaxin. Diagnoses, as per neurosurgical report dated 10/08/15, included neck pain, L4-5 and L5-S1 degenerative changes, and left sacroiliac joint pain. Diagnoses, as per orthopedic progress report dated 05/28/15, included continuous trauma injury, lumbosacral disc bulging with radiculopathy, bilateral knee pain with mild degenerative changes, history of left knee arthroscopic surgery, and psychiatric disorder with suicidal ideation. The patient is temporarily totally disabled, as per progress report dated 10/07/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, criteria for use of opioids Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen 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. 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, a request for random urine drug screening is noted in progress report dated 10/07/15. In the report,

the treater states that urine toxicology screening is being requested to "determine levels of prescription and the presence of any non-prescription drugs per MTUS. Regular test intervals of not less than 8 weeks thereafter to ensure prescription compliance." Requests for random urine screening are also noted in multiple other progress reports including the 09/09/15, 07/15/15, 06/11/15, 05/20/15, and 04/22/15 reports. Laboratory reports dated 03/27/15, 08/18/15, and 09/11/15 appear to document some "inconsistent results." The treater, however, does not explain these discrepancies clearly. The progress reports do not document the patient's opioid dependence risk as well. MTUS does not support such frequent testing unless there is specific documentation of "high risk" of addiction or aberrant behavior. Only annual testing is recommended in "low-risk" patients. Given the lack of relevant documentation, the request IS NOT medically necessary.