

Case Number:	CM15-0221556		
Date Assigned:	11/17/2015	Date of Injury:	04/28/2010
Decision Date:	12/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 with an industrial injury dated 04-28-2010. A review of the medical records indicates that the injured worker is undergoing treatment for revision cervical fusion and extension in 2011, chronic cervical pain and upper extremity symptoms, failed spinal cord stimulator placement (April of 2013), low back pain with left lower extremity symptoms and cervical paraspinal musculature of multiple tender trigger points. According to the progress note dated 09-22-2015, the injured worker reported cervical pain and low back pain. Pain level was 6-7 out of 10 on a visual analog scale (VAS). Objective findings (09-22-2015) revealed multiple tender trigger points cervical paraspinal musculature, tenderness of lumbar spine, and spasms of the lumboparaspinal musculature and cervical trapezius. Treatment has included urine drug screens (03-23-2015, 04-20-2015, 09-08-2015, 10-06-2015) acupuncture, epidural steroid injection (ESI), facet injection, spinal cord stimulator, exercises, spinal cord stimulator implant, prescribed medications, lumbo-sacral orthosis (LSO), transcutaneous electrical nerve stimulation (TENS), and periodic follow up visits. The injured worker is on temporary total disability. The utilization review dated 10-09-2015, non-certified the request for urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screening is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are revision cervical fusion and extension in 2011, chronic cervical pain and upper extremity symptoms, failed spinal cord stimulator placement (April of 2013), low back pain with left lower extremity symptoms and cervical paraspinal musculature of multiple tender trigger points. Date of injury is April 28, 2010. Request for authorization is October 5, 2015. Documentation indicates multiple urine drug toxicology screens. The last set of urine drug screens includes one performed August 4, 2015 and September 12, 2015 that were both consistent. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. According to a September 22, 2015 progress note, the injured worker's subjective complaints include neck pain with upper extremity symptoms 7/10 and low back pain with lower extremity symptoms 6/10. A spinal cord stimulator was present, although nonfunctioning. The patient is treated by a pain management provider prescribes morphine sulfate, Ambien, naproxen and pantoprazole. Objectively, there is tenderness diffuse with trigger points, tenderness in the cervical spine paraspinal muscles and tenderness in the lumbar spine paraspinal muscles. There is no clinical rationale in the medical record for monthly urine drug toxicology screens. The treating provider did not discuss the utility of monthly urine drug toxicology screens. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, urine toxicology screening is not medically necessary.