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| Case Number: | CM15-0222024 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 10/07/2013 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 10/29/2015 |
| 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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on 10-7-13. She reported low back pain. The injured worker was diagnosed as having lower leg osteo-chondropathy, lumbosacral spondylosis without myelopathy or radiculopathy, and osteoarthritis of the first carpometacarpal joint. Treatment to date has included physical therapy, right lumbar facet rhizotomy at L2-4, total knee arthroplasty on 6-4-15, a functional restoration program, and medication including Naproxen, Tramadol, and Lexapro. On 10-19-15, the injured worker complained of low back pain, bilateral thumb pain, left knee pain. The treating physician requested authorization for a urine drug screen, CPT code G0431, drug screen, qualitative: multiple drug class by high complexity test method (immunoassay and enzyme assay) for the date of service 9-8-15. On 10-29-15 the request was modified to certify a urine drug screen, CPT code G0431, drug screen, qualitative: multiple drug class by high complexity test method (immunoassay and enzyme assay) x1 unit for the date of service 9-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, CPT code G0431, Drug scree, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter DOS 9/8/15: Overturned

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

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

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources "Upon review of the submitted documentation, there was no evidence of recent UDS. I respectfully disagree with the UR physician. The guidelines support annual testing and testing within six months of beginning treatment with opiates. As the injured worker was being treated with tramadol, UDS with date of service 9/8/15 was medically reasonable and necessary.