MAXIMUS Federal Services

Case Number:	CM15-0030829		
Date Assigned:	02/23/2015	Date of Injury:	06/05/2002
Decision Date:	04/06/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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: Colorado
Certification(s)/Specialty: Family Practice

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 06/05/2002. Medical records provided by the treating physician indicated mechanism of injury was lifting. Diagnoses include chronic lumbar spine pain and left greater than right lower extremity radiculopathy. Treatment to date has included medication regimen, lumbar epidural steroid injections, artificial disc surgery at L5-S1, home exercise program, and laboratory studies. In a progress note dated 12/24/2014 the treating provider reports chronic spine pain and lower extremity pain that is rated a 5/10. The treating physician requested a urine drug screen noting that it has been several months since the last test. On 02/02/2015 Utilization Review non-certified the requested treatment urine drug screen that is retrospective date of service 12/24/2014, noting the Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine drug screen (DOS: 12/24/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 935,Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 78-79, 85, 94.

Decision rationale: Per the Guidelines, opioid use should be monitored, and there are tools recommended for that, including the 4 A's for Ongoing Monitoring: Analgesia, Adverse effects, Activities of Daily Living, and Aberrant behaviors. Urine drug screens negative for the substances prescribed, or positive for substances not prescribed would be indicators of possible aberrant behavior including noncompliance and diversion. Per the Guidelines regarding use of urine drug screens for monitoring opioid use, Chelminski defines "serious substance misuse" or non-adherence as meeting any of the following criteria:(a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. (Chelminski, 2005)Furthermore, evidence of serious non-adherence warrants immediate discontinuation of opioids. The frequency of urine drug screens is not directly addressed in the MTUS Guidelines. The ACOEM Guidelines, however, do indicate a recommended schedule for urine drug screens: Baseline testing at initiation of opioid or transfer of care, 2-4 random screens per year, and testing at termination. The ACOEM also notes urine drug screens would be indicated as needed "for cause" if patient exhibits aberrant drug taking behavior. For the patient of concern, the records indicate that patient has a pain agreement and the 4A's have been discussed. Previous Urine Drug Screen, 9/24/2014, has been consistent by report, including benzodiazepine prescribed by another provider. Based on the Guidelines, Urine Drug Screen every 3 months in a patient at moderate risk for opiate abuse (per the records) would be recommended. While the concomitant use of benzodiazepines and opioids is not generally considered clinically safe care, the Guidelines do not specifically prohibit or make recommendations regarding it. Therefore, as the patient is going to continue opioid and benzodiazepine use, the Urine Drug Screen to monitor medication use is medically indicated.