

Case Number:	CM15-0032469		
Date Assigned:	02/25/2015	Date of Injury:	02/20/2012
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/20/2015

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:

This 64-year-old male sustained a work related injury on 02/20/2012. According to a pain management follow-up evaluation report dated 01/07/2015, the injured reported decreased neck pain that was rated 3 to 4 on a scale of 1-10. On 11/14/2014, he underwent left C4-C5 and C5-C6 transfacet epidural steroid injection and felt 50 percent improvement of his pain and decreasing radicular symptoms for a month and a half. A brain scan revealed a swollen area in the brain. Assessment included cervical disc disease and cervical radiculopathy. He continued to complain of moderate to severe low back pain with radiating symptoms to the bilateral lower extremities. He reported that he was diagnosed with an enlarged pituitary gland by private physician. The provider noted that the injured worker should undergo a urine toxicology screening as a random drug screening to establish a baseline and ensure compliance of medications and to ensure that medication wasn't being obtained from multiple sources of illicit drugs. The report did not specify what the medication regimen consisted of. On 01/27/2015, Utilization Review non-certified urine drug screen (toxicology screening). According to the Utilization Review physician, the injured worker was authorized 24 tabs of Norco on 12/22/2014 in review #446959 to allow sufficient medication to begin the weaning process. Since weaning was recommended, addition urine drug testing is not necessary at this time. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (toxicology screening): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Opioids, steps to avoid misuse/addiction: Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: Per the 01/07/15 report the patient presents with decreased neck pain s/p cervical TFESI 11/14/14. The patient is following a neurologist due to a swollen area of the brain. The current request is for urine drug screen (toxicology screening) per the 01/07/15 RFA which states the request is for Urine Toxicology Screening. As of 10/20/14, the patient was to remain off work for 6 weeks. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. ODG states, "Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." The 01/07/15 treatment recommendations state this is a random test to establish a baseline and ensure compliance of medications. However, this does not appear to be initial use of opioids as reports dated 09/05/14 and 10/20/14 show requests for refills of Norco-Hydrocodone, an opioid. The utilization review cites authorization of a 09/18/14 UDS for the patient. The results of this test are not included in the reports provided. There is no evidence of other UDS's. Only once yearly testing is recommended following initial screening for low risk patients. There is no documentation that this patient is a moderate or high risk patient which would allow additional UDS testing. The request IS NOT medically necessary.