

Case Number:	CM15-0034130		
Date Assigned:	02/27/2015	Date of Injury:	12/31/2006
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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 59-year-old male, who sustained an industrial injury on 12/31/2006. The diagnoses have included rupture of muscle, thoracic back sprain, and chronic back pain. Noted treatments to date have included medications. Diagnostics to date have included urine drug screen on 08/15/2014, which showed some inconsistencies with prescribed medications. In a progress note dated 12/18/2014, the injured worker presented with complaints of chronic back pain. The treating physician reported the injured worker being in severe distress secondary to back pain. Utilization Review determination on 02/04/2015 non-certified the request for Retrospective Urine Drug Screen (DOS (date of service) 08-15-14), Retrospective Urine Drug Screen (DOS 10-17-14), and Urine Drug Screen citing Medical Treatment Utilization Schedule 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:

Restrospective: Urine Drug Screen (DOS: 08/15/2014): Upheld

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

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: Based on the 12/18/14 progress report provided by treating physician, the patient presents with rupture of muscle, thoracic back sprain, and chronic back pain. The patient is status post back surgery, dated unspecified. The request is for RETROSPECTIVE URINE DRUG SCREEN (DOS: 8/15/14). RFA dated 01/26/15 is provided. Patient's medications include Diazepam, Hydrocodone, Nucynta, Tizanidine, Flector patch and topical cream. Urine drug screen reports dated 04/28/14, 08/15/14 and 10/17/14 were provided. The patient is sedentary and temporarily totally disabled, per treater report dated 12/18/14. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing 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 MTUS does support urine drug screens for compliance or aberrant behavior. However, the issue in this case appears to be the frequency of drug testing. MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. Treater does not explain why another UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behavior, either. Therefore, the retrospective request for urine drug screen IS NOT medically necessary.

Restrospective: Urine Drug Screen (DOS 10/17/2014): Upheld

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

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: Based on the 12/18/14 progress report provided by treating physician, the patient presents with rupture of muscle, thoracic back sprain, and chronic back pain. The patient is status post back surgery, dated unspecified. The request is for RETROSPECTIVE URINE DRUG SCREEN (DOS: 8/15/14). RFA dated 01/26/15 is provided. Patient's medications include Diazepam, Hydrocodone, Nucynta, Tizanidine, Flector patch and topical cream. Urine drug screen reports dated 04/28/14, 08/15/14 and 10/17/14 were provided. The patient is sedentary and temporarily totally disabled, per treater report dated 12/18/14. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing 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 MTUS does support urine drug screens for compliance or aberrant behavior. However, the issue in this case appears to be the frequency of drug testing. MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. Treater does not explain why another UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behavior, either. Therefore, the retrospective request for urine drug screen IS NOT medically necessary.

Urine Drug Screen: Upheld

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

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 for Urine Drug Testing.

Decision rationale: Based on the 12/18/14 progress report provided by treating physician, the patient presents with rupture of muscle, thoracic back sprain, and chronic back pain. The patient is status post back surgery, dated unspecified. The request is for URINE DRUG SCREEN. RFA dated 01/26/15 is provided. Patient's medications include Diazepam, Hydrocodone, Nucynta, Tizanidine, Flector patch and topical cream. The patient is sedentary and temporarily totally disabled, per treater report dated 12/18/14. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing 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 Urine drug screen reports dated 04/28/14, 08/15/14 and 10/17/14 were provided. MTUS does support urine drug screens for compliance or aberrant behavior. However, the issue in this case appears to be the frequency of drug testing. MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. Treater does not explain why another UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behavior, either. Therefore, this prospective request for urine drug screen IS NOT medically necessary.