

Case Number:	CM15-0034436		
Date Assigned:	03/02/2015	Date of Injury:	08/28/2012
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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 42-year-old female, who sustained an industrial injury on 8/28/2012. She has reported mid and low back injury. The diagnoses have included thoracic sprain/strain, lumbosacral sprain and chronic back pain, sacroiliitis, physiological shortening of the leg, and post traumatic stress disorder (PTSD). Treatment to date has included NSIAD, hot/cold pack, ENS unit, physical therapy and epidural steroid injections, acupuncture therapy, and inpatient treatment for narcotic dependence in September 2014 followed by outpatient psychotherapy. Currently, the IW complains of headaches that radiate to left shoulder and posterior side of the head. The physical examination from 11/25/14 documented tenderness over the left side of the neck, stiffness over the upper back, and around trapezius muscles. The plan of care included trigger point injection administered on this date. On 2/17/2015, Utilization Review non-certified a urine drug screens with Dates of Service (DOS): 10/4/14, 10/28/14, 11/21/2014, 01/09/2015, and 01/21/2015, noting the guidelines. The MTUS and ODG Guidelines were cited. On 2/24/2015, the injured worker submitted an application for IMR for review of urine drug screens with Dates of Service (DOS): 10/4/14, 10/28/14, 11/21/2014, 01/09/2015, and 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening (DOS 10/3/14 - 10/28/14 - 11/21/14 - 1/9/15 - 1/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with back pain that radiates into the legs, bilateral knee pain and headaches. The request is for URINE DRUG SCREENING for dates (DOS 10/03/14-10/28/14-11/21/14-01/09/15-01/21/15). Patient's medications include Risperidone, Librium, Prilosec and Docusate. Urine samples were collected on 10/02/14, 10/21/14, 11/19/14, 12/12/14, 12/15/14, 12/17/14, 12/22/14, 12/30/14, 01/06/14, 01/07/14, 01/08/14, 01/13/15, 01/19/15 and 02/04/15. Patient's diagnoses per report 10/20/14 included opioid dependence, chronic back pain, apparent shortening of leg, chronic pain syndrome and encephalopathy. Per treater report dated 11/06/14 treater states, "She is detoxed of narcotic medication. She is in a comprehensive program with physical therapy and psychotherapy. .." Patient was admitted on 09/10/14 for detoxification. The patient's work status is unavailable. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "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. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, some 14 UDS's were obtained in less than one year time- frame. 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. For moderate risk, 3-4 UDS's are recommended, and for high risk as often as once per month. The patient has been detoxed and frequency UDS's may be reasonable at first, and to repeat depending on the patient's compliance. There is no situation, however, where UDS's are needed more frequently than once per month. The requested UDS's WERE NOT medically necessary.