MAXIMUS Federal Services

Case Number:	CM15-0035307		
Date Assigned:	03/03/2015	Date of Injury:	06/07/2011
Decision Date:	04/09/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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: Preventive Medicine, Occupational Medicine

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 44-year-old male who sustained an industrial injury on June 7 2011. There was no mechanism of injury documented. The injured worker underwent lumbar surgery on May 19, 2014 (no procedure report documented). The injured worker was diagnosed with post-lumbar laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, displacement of cervical intervertebral disc without myelopathy, major depressive disorder, single episode, severe with psychotic features, chronic pain associated with psychological factors and general medical condition. According to the primary treating physician's progress, report on January 27, 2015 the injured worker was able to ambulate without assistive devices, appeared comfortable without evidence of pain and lumbar and cervical examination was stable. The psychological report dated January 23, 2015 the injured worker continues to improve. According to this report, the injured worker should have required new prescriptions in December but still had medication left over. The injured worker was vague in his explanation response. Current medications consist of Seroquel, Effexor XR, Tramadol, Gabapentin, Naproxen and Omeprazole. None of the medical records reviewed suggested signs or symptoms of medication abuse and urine drug screen in Aug 2014 was consistent with prescribed medications. Treatment modalities included acupuncture therapy, physical therapy, chiropractic therapy, epidural steroid injections (ESI), individual psychotherapy, Cognitive Behavioral Therapy (CBT), home exercise program and medication. The treating physician requested authorization for Urine drug screen. On January 30, 2015, the Utilization Review

denied certification for Urine drug screen. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, steps to avoid misuse/addiction; Drug testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Opioids Page(s): 34, 60, 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I - Evidence Assessment, Pain Physician 2012; 15:S1-S662) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012; 14(4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/.

Decision rationale: A urine drug test is a technical analysis of a urine sample used to determine the presence or absence of specified parent drugs or their metabolites. Even though drug testing a blood sample is considered to be the most accurate test for drugs or their metabolites it is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. This patient is on chronic opioid therapy and since use of regular urine drug screens, as noted above, is part of the expected patient care, the provider prescribing the opioid medication should request this testing regularly 2-4 times per year. The patient is not demonstrating signs or symptoms of opioid abuse and the provider is appropriately monitoring the patient's chronic opioid therapy with urine drug screening. The request for the urine drug screen in question is from the mental health provider not the provider prescribing the opioid medication. The crux of the decision to use this test at this time must be based on patient safety, not on who is responsible for ordering it. Since it has only been five months since the last urine drug screen, there is no evidence of patient abusing medications, and since the provider, ordering the chronic opioid medications has been appropriately following the patient's chronic opioid safe use of these medications medical necessity for this test at this time has not been established.