

Case Number:	CM15-0036849		
Date Assigned:	03/05/2015	Date of Injury:	10/09/2013
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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: New Jersey

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 53 year old, male patient, who sustained an industrial injury on 10/09/2013. A primary treating office visit dated 12/18/2014, reported subjective complaint of chronic neck pain, upper back pain and lower back pain. The pains are rated a 7 in intensity. Activities such as bending, lifting, prolonged sitting or standing aggravate the pain. Medications do help temporarily relieve some pain to allow some function for activities. The patient also stated feeling dizziness with the Gabapentin. Objective findings showed decreased range of motion of the lumbar spine secondary to pain. There is positive lumbar tenderness and paraspinous muscle spasming. There is positive trapezial tenderness and spasming. A urine drug screen obtained on 11/21/2014 was found consistent with treatment. He is diagnosed with cervical strain; thoracic sprain; lumbar sprain; lumbar disc protrusion and lumbar neuritis. A request was made for urine drug screen 3 times over 6 month time period. On 02/11/2015, Utilization Review, non-certified the request, noting the CAMTUS, Chronic Pain, Page 78, Opioids was cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS (urine drug screen) 3 times over the next 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, AND Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no evidence to suggest that he was actively using prescribed opioids at the time of this request which might have warranted any number of urine drug screening tests. Also, there was no evidence found in the notes provided for review which suggested abnormal behavior or drug abuse or abnormal drug tests. Therefore, the request for 3 urine drug tests over 6 months is not medically necessary or appropriate.