

Case Number:	CM15-0050960		
Date Assigned:	04/30/2015	Date of Injury:	09/01/2009
Decision Date:	05/29/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 50 year old female, who sustained an industrial injury on September 1, 2009. She reported neck pain, shoulder pain, low back pain and bilateral lower extremity pain. The injured worker was diagnosed as having cervical, thoracic and lumbar spine herniated nucleus pulpous, depression, right shoulder impingement, lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of constant low back pain radiating down the left leg, right shoulder pain, insomnia and stress. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 10, 2014, revealed continued pain as noted. Evaluation on February 3, 2015, revealed continued pain as noted. A urinary drug screen was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen for report 1/9/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screenig.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing for report dated January 9, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbar spine pain; long-term use of other medications; radiculopathy lumbar region; degenerative disc disease lumbar; and drug-induced constipation. The documentation in the medical record shows the treating provider requested multiple urine drug toxicology screens bimonthly. There is no clinical indication or rationale in the medical record for the bimonthly urine drug toxicology screens. There were multiple inconsistent results in the recurrent urine drug screens. Inconsistencies included negative testing for opiates despite ongoing prescriptions for Vicoprofen. Opiates are absent from the urine drug toxicology screens on January 2, 2014; March 24, 2014; April 22, 2014; and October 21, 2014. There was no discussion by the treating provider in the medical record regarding the inconsistent urine drug toxicology screens. The most recent progress note, dated January 9, 2015, does not contain a request for a urine drug toxicology screen. The progress note does not address the inconsistent UDS in the medical record. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with a clinical indication and/or rationale for bimonthly urine drug toxicology screens with inconsistent urine drug screen results, urine drug screen for report January 9, 2015 is not medically necessary.