MAXIMUS Federal Services

Case Number:	CM15-0055946		
Date Assigned:	04/01/2015	Date of Injury:	09/14/2004
Decision Date:	05/07/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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 51 year old male who sustained an industrial injury on 9/14/2004. His diagnoses, and/or impressions, include degeneration of lumbar or lumbosacral intervertebral disc; lumbar spine disc bulge with radicular pain and degenerative disc disease; lumbar compression fracture; thoracic spine disc bulges with neuritis or radiculitis; and status-post lumbar hardware removal surgery (4/17/12). Current magnetic resonance imaging studies are not noted. His treatments have included the use of a walker and medication management. The physician's report of 2/24/2015, note "MBP"; debilitating, constant, severe and radiating low back pain into the bilateral lower extremities, right > left, that is relieved by medication and allows for increased function; and that his pain is likely to be neuropathic, inflammatory and radicular in nature. The plan included trial of an intrathecal pump after receiving a 2nd opinion, and the physician's treatment requests included a urine toxicology test as his pain was stable on his current medication regimen and his medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine/Toxicology Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, Ongoing management Page(s): 94-95, 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Tests.

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: The patient was injured on 09/14/2014 and presents with mid back pain, lower back pain, and leg pain. The request is for a URINE TOXICOLOGY TEST. There is no RFA provided and the patient is to remain off of work for 6 weeks, as of the 01/14/2015 report. The patient had a urine drug screen on 11/26/2014, 12/29/2014, and 01/27/2015 which showed that the patient was inconsistent with his prescribed medications. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. He recommends once-yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. As of 01/27/2015, the patient is taking Dilaudid, OxyContin, Benadryl, Neurontin, Zanaflex, and lactulose. The most recent urine drug screen from 01/27/2015 revealed that the patient was inconsistent with his prescribed medications. The treater does not document that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. The physician does not discuss what he is going to do with the inconsistent UDS results from 1/27/15. Opiate management require not just obtaining the UDS, but discussing and acting on the inconsistent results. The request for another UDS IS NOT medically necessary.