

Case Number:	CM15-0058988		
Date Assigned:	04/03/2015	Date of Injury:	04/11/2008
Decision Date:	05/18/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/30/2015

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 46 year old male, who sustained an industrial injury on 4/11/2008. Diagnoses have included cervical radiculopathy and cervical discopathy with disc displacement. Treatment to date has included cervical fusion. According to the progress report dated 2/12/2015, the injured worker complained of neck pain and intermittent tightness in the right side of his neck. Exam of the cervical spine revealed tenderness to palpation. Authorization was requested for on-site collection/off-site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS and [REDACTED], (Urine toxicology testing) for medication treatment compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 On-site collection/off-site confirmatory analysis using high complexity laboratory test protocols Including GC/MS, LC/MS and [REDACTED], (Urine toxicology testing) for medication treatment compliance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78 of 127.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, confirmatory analysis using high complexity lab testing protocol including GC/MS, LC/MS and [REDACTED] (urine drug screen testing for medical treatment compliance) 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 cervical discopathy with this displacement and myelopathy, status post cervical fusion; and cervical radiculopathy. Subjectively, according to a February 12, 2015 progress note, the injured worker's status post cervical fusion and has had no significant improvement in neck pain after being freed from incarceration. The medications include Fexmid, Nalfon, Paxil, Prilosec, Ultram ER and Norco for the topical analgesic. There is no documentation in the medical record of aberrant drug-related behavior, drug misuse or abuse. There are no inconsistent urine drug screens in the medical record. Objectively, there is tenderness palpation over the cervical paraspinal muscle groups. The remainder of the physical examination is unremarkable. There is no clinical indication/rationale for urine drug toxicology screen (according to the guidelines). There was no documentation of aberrant drug-related behavior, drug misuse or abuse. Additionally, there is no risk assessment indicating whether the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with an appropriate clinical indication and rationale for urine drug toxicology screen, no risk assessment and no aberrant drug-related behavior, misuse or abuse, confirmatory analysis using high complexity lab testing protocol including GC/MS, LC/MS and [REDACTED] (urine drug screen testing for medical treatment compliance) is not medically necessary.