MAXIMUS Federal Services

Case Number:	CM15-0080435		
Date Assigned:	05/01/2015	Date of Injury:	06/05/2002
Decision Date:	06/05/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, California
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 57 year old female, who sustained an industrial injury on 06/05/2002. She reported low back pain. The injured worker is currently diagnosed as having chronic lumbar spine pain and left greater than right lower extremities radiculopathy. Treatment and diagnostics to date has included lumbar surgery, lumbar epidural steroid injections, home exercise program, right shoulder surgery, and medications. In a progress note dated 03/30/2015, the injured worker presented with complaints of chronic spine pain and lower extremity pain. The treating physician reported requesting authorization for retroactive urine drug screen. The patient has had UDS report on 9/23/14 and 12/24/14 that was consistent for opioid. The medication list include Duragesic patch, Clonazepam and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 04/30/15) Urine drug testing (UDT).

Decision rationale: Request: Retrospective Urine Drug Screen; Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." The patient has had UDS report on 9/23/14 that was consistent for opioids. As per records provided medication lists includes duragesic patch, clonazepam and norco. Pt is on potent controlled substances. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The Retrospective request for Urine Drug Screen is medically appropriate and necessary in this patient.