MAXIMUS Federal Services

Case Number:	CM15-0082401		
Date Assigned:	05/04/2015	Date of Injury:	09/01/2001
Decision Date:	06/03/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/29/2015

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 48-year-old male who sustained an industrial injury on September 1, 2001. Previous treatment includes lumbar laminectomy, lumbar fusion, medications and work restrictions. Currently the injured worker complains of low back pain with radiation of pain into the lower extremities. Diagnoses associated with the request include lumbar post-laminectomy syndrome and bilateral lower extremity radiculopathy. The treatment plan includes urine drug screen, medications to include Xanax and liquid chromatography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medications: Xanax 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax .25mg mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are lumbar post laminectomy syndrome; bilateral lower extremity radiculopathy; status post L4 - L5 interbody fusion October 2007 with PLIF revision January 2009, repair of pseudoarthrosis and repair of retropulsion of the cage at L4 - L5 January 2009; posterior fusion hardware removed October 2010; medication induced gastritis; and reactionary depression/anxiety. The earliest progress note in the medical record shows is Xanax 0.25 mg was prescribed as far back as over 27th 2014. The start date is unclear from the documentation. Benzodiazepines are not recommended for long-term use (longer than two weeks). Xanax has been refilled on regular basis through March 2015. There are no compelling clinical facts in the medical record documentation to support its continued use. Consequently, absent compelling clinical documentation with objective functional improvement to support the continued use of Xanax long term, Xanax .25mg mg #60 is not medically necessary.

Retrospective Review: Urine Drug Screen Dos 03/10/20105: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, retrospective urine drug testing date of service March 10, 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 post laminectomy syndrome; bilateral lower extremity radiculopathy; status post L4 - L5 interbody fusion October 2007 with PLIF revision January 2009, repair of pseudoarthrosis and repair of retropulsion of the cage at L4 - L5 January 2009; posterior fusion hardware removed October 2010; medication induced gastritis; and reactionary depression/anxiety. The documentation shows a urine drug screen was ordered and performed January 30, 2015. There was no clinical indication or rationale in the medical record to support the January 30, 2015 urine drug screen. In a progress note dated March 10, 2015, a repeat urine drug screen was ordered. There is no risk profile in the medical record indicating the injured worker is a high risk for drug

misuse or abuse. There was no aberrant drug-related behavior. The injured worker's current medications were Norco, OxyContin, Soma, Cymbalta, Dural, and Lyrica. The patient's urine sample (from March 2015) was immediately review and was positive for opiates and benzodiazepines which is consistent given the patient's current medications. Consequently, absent clinical documentation indicating the injured worker is a high risk for drug misuse or abuse with a prior urine drug screen (no results in the record) performed January 30, 2015 (two months prior), no history of aberrant drug-related behavior, retrospective urine drug testing date of service March 10, 2015 is not medically necessary.

Retrospective Review: Liquid Chromatography Testing Dos 03/10/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, retrospective liquid chromatography testing date of service March 10, 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. Confirmatory testing allows for identification and quantification of specific drug substances. They (liquid chromatography testing) are used to confirm the presence of a given drug and/or identify drugs that cannot be isolated by screening tests. 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 post laminectomy syndrome; bilateral lower extremity radiculopathy; status post L4 - L5 interbody fusion October 2007 with PLIF revision January 2009, repair of pseudoarthrosis and repair of retropulsion of the cage at L4 - L5 January 2009; posterior fusion hardware removed October 2010; medication induced gastritis; and reactionary depression/anxiety. The documentation shows a urine drug screen was ordered and performed January 30, 2015. There was no clinical indication or rationale in the medical record to support the January 30, 2015 urine drug screen. In a progress note dated March 10, 2015, a repeat urine drug screen was ordered. There is no risk profile in the medical record indicating the injured worker is a high risk for drug misuse or abuse. There was no aberrant drug-related behavior. The injured worker's current medications were Norco, OxyContin, Soma, Cymbalta, Dural, and Lyrica. The patient's urine sample (from March 2015) was immediately review and was positive for opiates and benzodiazepines which is consistent given the patient's current medications. 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. Liquid chromatography testing) is used to confirm the presence of a given drug and/or identify drugs that cannot be isolated by screening tests. There is no clinical indication or rationale in the medical record for liquid chromatography. The urine drug screen results from the March 15 testing was consistent with the injured worker's current medication regimen. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, if the urine drug toxicology screen was not medically necessary (from March 10, 2015), retrospective liquid chromatography testing date of service March 10, 2015 is not medically necessary.