

Case Number:	CM15-0085468		
Date Assigned:	05/07/2015	Date of Injury:	07/30/1999
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/04/2015

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 64 year old male, who sustained an industrial injury on 7/30/09. The injured worker was diagnosed as having migraine headache, lumbar radiculopathy, failed back surgery syndrome, chronic pain syndrome, cervical radiculopathy, history of injury to right hand and finger and depression. Treatment to date has included lumbar surgery, cane for ambulation, physical therapy, home exercise program and oral medications including Methadone. (MRI) magnetic resonance imaging of lumbar spine was performed on 10/23/14 L4-5 bulge and minimal diffuse bulge at L3-4. Currently, the injured worker complains of low back pain with radiation to bilateral lower extremities, cervical area pain and bilateral hand pain. He rates the pain 5-8/10. Physical exam noted diffused tenderness over the cervical area with limited range of motion due to pain, tenderness over right wrist, hand and forearm and severe tenderness on lower lumbar facet joint and SI joints throughout with poor range of motion. It is also noted he has a very slow gait and uses a cane. A request for authorization was submitted for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

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 screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug toxicology 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 migraine headache; lumbar radiculopathy; failed back surgery syndrome; chronic pain syndrome; right cervical radiculopathy; history injury right hand and finger; and depression. According to the most recent progress note in the medical record dated April 3, 2015, the injured worker takes methadone and diazepam. The CURES report was appropriate. The injured worker had urinary drug screens (according to the provider documentation) that were consistent, but there were no hard copy UDSs in the medical record. The utilization review states the worker had a urine drug screen July 25, 2014 that was consistent. Utilization review shows the injured worker had a urine drug screen August 22, 2014 that was consistent. The treating provider ordered multiple urine drug screens since the August 2014 urine drug toxicology screen results. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There are no risk assessments in the medical record indicating whether the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. Additionally, prior urine drug screens were documented as being consistent with medications in the record. Consequently, absent clinical documentation with a clinical indication/rationale for additional urine drug toxicology screens, no history of aberrant drug-related behavior, drug misuse or abuse, urine drug toxicology screen is not medically necessary.