

Case Number:	CM15-0088313		
Date Assigned:	05/12/2015	Date of Injury:	11/06/2007
Decision Date:	06/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/07/2015

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 62-year-old male who sustained an industrial injury on 11/06/2007. Current diagnoses include cervicgia, cervical facet arthropathy, cervical disc displacement ruptured, cervical radiculopathy, axial spine pain, and carpal tunnel syndrome. Previous treatments included medication management, home exercise program, right carpal and cubital tunnel release, and physical therapy. Previous diagnostic studies include urine drug screenings. Report dated 04/15/2015 noted that the injured worker presented with complaints that included cervicgia, upper extremity radiculopathy, axial spine pain, and follow up for evaluation of ongoing opioid medication. Pain level was 6-7 out of 10 on a visual analog scale (VAS). No abnormalities were noted on physical examination. The treatment plan included continue with use of Norco, request for urine drug screen, encouraged to continue with home exercise program, and follow up in 60 days. Disputed treatments include urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: The patient presents on 04/15/15 with cervical spine pain rated 6-7/10, which radiates into the upper extremities and axial spine pain. The patient's date of injury is 11/06/07. Patient is status post right carpal tunnel and cubital tunnel release at a date unspecified. The request is for URINE DRUG TESTING. The RFA was not provided. Physical examination dated 04/15/15 reveals no abnormal physical findings, only a review of systems and medication efficacy. The patient is currently prescribed Norco. Diagnostic imaging was not included. Patient's current work status is not provided. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "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. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the provider is requesting a prospective authorization for a UDS to ensure that this patient is compliant with his narcotic medications. This patient underwent urine drug screenings on 02/11/15 and on 09/16/14. The 02/11/15 screening was consistent with prescribed medications, though the 09/16/14 toxicology report includes inconsistent findings of Morphine, Temazepam and Oxazepam metabolites. Per office visit dated 10/16/14, the patient is unable to account for these inconsistent findings. In addition, the documentation provided indicates that this patient has a history of alcohol abuse and a prior DUI. Progress note dated 04/15/15 specifically mentions that this patient's past history of alcohol abuse and prior inconsistent UDS findings place him in the moderate to high risk for abuse category, necessitating more frequent screening. Based on the information provided, this patient is indeed moderate to high risk, and thus meets ODG criteria for more frequent urine drug screening at the treater's discretion. The request IS medically necessary.