

Case Number:	CM14-0111101		
Date Assigned:	09/16/2014	Date of Injury:	12/31/2012
Decision Date:	11/06/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46-year-old female patient who reported an industrial injury to the left shoulder, elbow, and low back on 12/31/2012, almost two (2) years ago, attributed to the performance of her usual and customary job tasks. The patient subsequently underwent surgical intervention to the lumbar spine on 4/29/2014, for a lumbar spine fusion. The patient was prescribed Naproxen 550 mg; Ultram ER 150 mg; Norflex 100 mg #60; and Norco for break through pain. The PR-2 dated 6/20/2014 reported that the patient was improving but had a pain level of 6/10. The patient reported wanting to wean off of pain medications but was having persistent pain and spasms. The patient was noted to have just initiated postoperative physical therapy for rehabilitation. The patient was treated for the diagnoses of low back pain, s/p lumbar spine fusion, elbow contusion, Staphylococcus infection, and osteomyelitis of the lumbar spine and elbow. The patient was noted to of had a tri cyclic antidepressants present on a prior drug screen which was not prescribed by the treating physician. A comprehensive urine drug screen was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--drug testing; screening for addiction; Urine drug testing

Decision rationale: The patient was reported to have had tricyclicamine antidepressant (TCA) positive on a prior urine drug screen; however, the current treating physician did not prescribe the TCA. It is not clear whether or not the patient was prescribed the TCA by her primary care physician. The CA MTUS recommends drug testing as an option to screen for the presence of illegal drugs. The testing is to be used with other clinical evidence to monitor compliance with the prescribed drug regimen. The patient has been ordered a urine toxicology screen without any objective evidence to support medical necessity. The performed test was based on policy and not medical necessity. The qualitative urine drug screen was performed/ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to support medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence-based guidelines. The diagnoses for this patient do not support the use of opioids, as they are not recommended for the cited diagnoses or prescribed medicine for chronic postoperative back pain. The patient is noted to be six months status postdate of surgery and should have been titrated down and off opioids by this time. There is no demonstrated medical necessity for a urine toxicology screen and it is not clear the provider ordered the urine toxicology screen based on the documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of a provided urine toxicology screen based on the documented objective findings. The patient should be on OTC medications as necessary. There is no demonstrated medical necessity for the provision of a urine drug screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug misuse in the medical documentation for this patient. There is no clear rationale to support the medical necessity of opioids. There was no indication of diversion, misuse, multiple prescribers, or use of illicit drugs. There is no provided clinical documentation to support the medical necessity of the requested urine toxicology screen. There is no objective medical evidence to support the medical necessity of a comprehensive qualitative urine toxicology screen for this patient. The prescribed medications were not demonstrated to require a urine drug screen and there was no explanation or rationale by the requesting physician to establish medical necessity. The provider has requested a drug screen due without a rationale to support medical necessity other than to help with medication management or to evaluate for the previously assessed presence of a TCA. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medical necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse that would require evaluation with a urine toxicology or drug screen. There is no demonstrated medical necessity for the prescribed urine drug toxicology screen for this patient status post lumbar spine fusion.