

Case Number:	CM14-0130421		
Date Assigned:	08/20/2014	Date of Injury:	11/06/1984
Decision Date:	09/25/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 Occupational 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:

The patient is a 62-year-old male who has submitted a claim for Degeneration of lumbar or lumbosacral intervertebral disc, Closed fracture of dorsal [thoracic] vertebra without mention of spinal cord injury, and closed fracture of lumbar vertebra without mention of spinal cord injury associated with an industrial injury date of November 6, 1984. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain radiating to bilateral feet. No psychiatric comorbidity was mentioned. Examination revealed essentially normal neurologic and psychiatric findings. Range of motion (ROM) of the lumbosacral spine was not tested due to the patient's recovery from fractured foot. Treatment to date has included medications such as Axis, Benadryl, Celebrex, Diazepam, Dilantin, Losartan, Meperidine, Primidone and Simvastatin. The most recent progress note indicated that the patient was pleased with his clinical response on oral agents. Utilization review from August 6, 2014 modified the request for Urine Drug Toxicology Screen 4 times a year to 10 panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed with inconsistent results, times one because the patient was just at low risk for addiction/aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Toxicology Screen 4 times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Urine Drug testing. Decision based on Non-MTUS Citation ODG - TWC Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

Decision rationale: As stated on page 94 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines (ODG) classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the documented rationale for the request was that it was in accordance to the laws of the state on prescription of opiates to monitor drug compliance. However, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. There was also no suspicion of substance misuse from the physician. The patient needs only one urine drug screen. The medical necessity has not been established. Therefore, the request for urine drug toxicology screen 4 times a year is not medically necessary.