

Case Number:	CM14-0135326		
Date Assigned:	08/29/2014	Date of Injury:	03/07/2003
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 46-year-old male with a 3/7/03 date of injury. At the time (7/16/14) of request for authorization for 1 quarterly alcohol testing due to current drug therapy and 1 quarterly Urine Drug Screening, there is documentation of subjective (chronic moderate to severe low back pain radiating to the legs) and objective (decreased lumbar range of motion with tenderness to palpation over the paraspinal musculature and bilateral sacroiliac joints) findings, current diagnoses (depressive disorder, lumbalgia, opioid type dependence, lumbosacral spondylosis, lumbar post-laminectomy syndrome, and spinal stenosis), and treatment to date (ongoing therapy with opioid medications). In addition, medical report identifies that the patient denies alcohol use and is not an alcoholic. Furthermore, 4/22/14 urine drug screen report identified consistent results. Regarding 1 quarterly alcohol testing due to current drug therapy, there is no documentation of aberrant drug behavior and that the patient is at "moderate risk" of addiction and misuse. Regarding 1 quarterly Urine Drug Screen, there is no documentation of abuse, addiction, or poor pain control; and that the patient is at "moderate risk" of addiction & misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) quarterly alcohol testing due to current drug therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT); Opioids, screening tests for risk of addiction & misuse.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG identifies that testing for ethanol use and screening tests for the risk of misuse of prescription opioids and/or aberrant drug behavior (defined as behavior that suggests the presence of substance abuse or addiction), prior to initiating opioid therapy and with ongoing therapy is recommended. In addition, ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of depressive disorder, lumbalgia, opioid type dependence, lumbosacral spondylosis, lumbar post-laminectomy syndrome, and spinal stenosis. In addition, there is documentation of ongoing opioid therapy. However, given documentation that the patient denies alcohol use and is not an alcoholic, there is no documentation of aberrant drug behavior (defined as behavior that suggests the presence of substance abuse or addiction). Furthermore, given documentation of a 4/22/14 consistent urine drug screen, there is no documentation that the patient is at "moderate risk" of addiction and misuse. Therefore, based on guidelines and a review of the evidence, the request for 1 quarterly alcohol testing due to current drug therapy is not medically necessary.

One (1) quarterly Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse, tolerance, dependence, addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of depressive disorder, lumbalgia, opioid type dependence, lumbosacral spondylosis, lumbar post-laminectomy syndrome, and spinal stenosis. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. In addition, given

documentation of a prior urine drug screen performed on 4/22/14 with consistent results, there is no documentation that the patient is at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for 1 quarterly Urine Drug Screening is not medically necessary.