

Case Number:	CM14-0165288		
Date Assigned:	10/10/2014	Date of Injury:	08/07/2003
Decision Date:	11/12/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 62-year-old female with a date of injury of 8/7/2003. She was diagnosed with lumbar disc herniation and radiculopathy. She underwent lumbar spinal fusion. Records indicated that the injured worker had been prescribed Norco, omeprazole, and Ultram extended release (tramadol) since at least 1/27/14. The urine drug testing was documented on 1/27/14 and 4/4/14 with inconsistent findings reported. Tramadol was noted as prescribed but was not detected. There was no medication action noted in the file. Standard reports of findings were issued by the primary treating physician with no action plan. The 7/11/14 treating physician report cited subjective complaints of bilateral sacroiliac joint pain aggravated with bending, twisting and direct pressure. The injured worker was status post lumbar fusion. Medications were reported to be helpful. The physical exam documented bilateral sacroiliac joint tenderness and a positive Faber/Patrick's test. Under consideration is a retrospective request for urine drug screen, urinalysis dip and creatinine performed on 8/25/14. The 9/3/14 utilization review denied the 8/25/14 urine drug screen as there was no documentation relative to prior urine drug screen dates and results, or provider concerns over drug misuse or non-compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine drug screen, UA dip and creatinine (DOS 8/25/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Screening

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Criteria for Use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of urine drug screening in injured workers using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the injured worker has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Random testing no more than twice a year is recommended for injured workers considered at low risk for adverse events or drug misuse. Those injured workers at intermediate risk are recommended to have random testing 3 to 4 times a year. Workers at high risk for adverse events/misuse may undergo random testing at a frequency of every other and even every visit. Guideline criteria have not been met. There is no evidence that this injured worker is experiencing poor pain control. Medications are reported as helpful. Routine urine drug testing was done in February and April 2014 with inconsistent results noted but no action was taken. There is no indication in the records of exactly what medications the worker is taking, other than the dispensing form. There is no indication that the treating physician is concerned regarding medication compliance to support the medical necessity of urine drug testing more than twice a year. Therefore, this request is not medically necessary.