

Case Number:	CM14-0168628		
Date Assigned:	10/16/2014	Date of Injury:	09/01/2010
Decision Date:	11/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in Interventional Spine 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 43 year old male with an injury date of 09/01/10. The 08/01/14 report by ■■■ states that the patient presents with lumbar spine pain rated 7/10 radiating to the bilateral legs and down to the ankle. Pain has increase due to increased daily activities. An examination shows diffuse lumbar paraspinous muscle tenderness and mild facet tenderness at L5-S1. Examination of the lower extremity reveals moderate pain over the bilateral hips and right knee. The patient's diagnoses include: Status post hip arthroscopy Status post right knee arthroscopy x2 Lumbar disc disease Post annular tear at L5-S1 On 07/11/14 medications are listed as Diclofenac, Levothyroxine, "Omeprale", Hydrochlorothiazide, Citalopram, Lorazepam and Gemfibrozil. The utilization review being challenged is dated 10/03/14. The rationale is that the patient has received frequent urine drug screening in 1 years including April and July of 2014, and when the patient is at moderate risk 2-3 tests a year are indicated. Reports were provided from 01/15/13 to 08/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug Testing Page(s): 43, 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

Decision rationale: The patient presents with lumbar spine pain rated 7/10 radiating to the bilateral legs and down to the ankle. The physician requests for Urine Drug Screen. On 08/01/14 the [REDACTED] states, "He did have a toxicology screening on his initial visit. I want to confirm that he is currently taking his medications as prescribed. His initial toxicology screening on July 11, 2014 was negative for medications; that was his initial toxicology screening. I will need to confirmation on this follow up visit." Treatment recommendations state the patient is to return in 4-6 weeks." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, the ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. On 11/18/13 [REDACTED] states that preliminary drug tests show no non-prescribed medications. This report is provided and shows Hydrocodone, Hydromorphone, Norhydrocodone and Acetaminophen detected. On 01/15/14 [REDACTED] states, "Preliminary urine toxicology tests reveal no non-prescribed medications." It is unclear if this is a new test or refers to 11/18/13. The only other laboratory report provided was collected 08/22/14 and reports Hydrocodone, Hydromorphone, Norhydrocodone, and Acetaminophen detected. From the reports provided, it appears [REDACTED] started treatment of this patient on 07/11/14 and ordered drug screening. The 07/11/14 report was not provided. Three urine toxicology reports are documented (11/18/13, 07/11/13 and 08/22/13) in the reports provided since 11/18/13. The utilization review of 10/03/14 cites a fourth in April 2014. Three to four time UDS's per year may be appropriate for high risk opiate users but are too frequent for routine monitoring. In this case; however, the requester, [REDACTED], first began treatment of this patient on 07/11/14 and wishes to confirm testing. The request is medically necessary.