

Case Number:	CM14-0176945		
Date Assigned:	10/30/2014	Date of Injury:	06/12/2008
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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 Ohio. 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 65-year-old female with a date of injury at June 12, 2008. She injured her back and left leg while walking back from lunch. She has been prescribed a variety of opioids since her injury and most recently has been taking Nucynta. Urine drug screen results are available from November 27, 2013 and August 6, 2014. Both results are consistent with prescribed medications. The physical exam reveals tenderness to palpation from L4-S1 and reduced lumbar range of motion. The left knee reveals tenderness to the patella and both joint lines. There is reduced knee flexion. The diagnoses include lumbosacral neuritis, lateral and medial meniscus tear, lumbar disc degeneration, and chronic left ankle strain/sprain. At issue is the medical necessity of the urine drug screen from 8-6-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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), Urine drug testing (UDT) and Opioids, Tools for Risk Stratification & Monitoring

Decision rationale: Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Urine drug testing should be done with the initial prescription of an opioid and subsequently based on risk for misuse. Patients at low risk have pathology which is identifiable with objective and subjective symptoms to support a diagnosis. There is an absence of psychiatric comorbidity. These patients should be tested yearly. Moderate risk patient generally have objective and subjective signs and symptoms of an identifiable diagnostic problem but may have some but not all of the identifiers found under the "high risk" category. Some authors indicate that individuals with treated or non-active substance abuse issues or significant family history of substance abuse fall into this category. These patients may have psychiatric comorbidity. Medium risk patients may be tested 2-3 times a year. High risk patients have minimal objective findings to explain pain. Symptom magnification can be noted. There may be a history of current or past substance abuse or aberrant drug taking behavior. High risk patients may be screened as often as once a month. In this instance, the documentation provided does not indicate evidence of symptom magnification, aberrant drug taking behavior, psychiatric issues, or symptoms of pain not explained by objective findings. Based on the guidelines, yearly drug screening is appropriate. The medical records reflect a urine drug screen that took place less than a year prior to this request. Therefore, this request was not medically necessary. In this instance, the documentation provided does not indicate evidence of symptom magnification, aberrant drug taking behavior, psychiatric issues, or symptoms of pain not explained by objective findings. She is therefore in a low risk category for substance misuse. Yearly drug screening is appropriate. Because another urine drug screen was done less than a year prior, the urine drug screen performed 8-6-2014 was not medically necessary.