

Case Number:	CM14-0214858		
Date Assigned:	01/07/2015	Date of Injury:	03/23/2003
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male with the injury date of 03/23/03. Per physician's report 11/05/14, the urinary drug screen is positive for opioids only, consistent with his use of hydrocodone. There has been no drug-seeking behavior. There is spine tenderness with limited lumbar spine range of motion with 30-40 degrees of flexion. The lists of diagnoses are: 1) Chronic pain syndrome. 2) Lumbar discogenic pain. 3) Depressive disorder. 4) Sleep disorder. Per 10/14/14 progress report, the patient was seen a urologist due to his fecal incontinence. A GI evaluation was recommended. The lists of diagnoses are: 1) GERD, secondary to NSAIDs. 2) Gastropathy, secondary to NSAIDs. 3) Constipation, secondary to Vicodin. 4) Chest pain. 5) Sleep disorder, rule out obstructive sleep apnea. 6) History of coronary artery disease, s/p stent X2. 7) Neurogenic bladder and fecal and urinary incontinence per a urologist. The patient is currently taking XXXXXXXXXX isicon, Colace, Probiotic, Protonix, Levitra, Gabitine, Sentra Am and Sentra PM. Urine toxicology screening performed on 07/15/14 was remarkable for Carboxyszolpidem, Hydrocodone, Hydromorphone and Hydroxytrazodone. The utilization review determination being challenged is dated on 12/03/14. Treatment reports were provided from 07/15/14 to 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: quantitative point of care test and quantitative lab confirmations, QTY: 4:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Opioid management Page(s): 43, 77. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with pain in his low back. The request is for MODIFIED URINE DRUG TEST: QUANTITATIVE POINT OF CARE TEST AND QUANTITATIVE LAB CONFIRMATION QTY:4. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening (UDS) should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, 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. In this case, the review of the reports indicates that that the patient had urine drug screenings on 07/15/14 and 11/05/14 with normal findings. The treater does not explain why a repeat UDS is required. There is no discussion regarding opiate risk assessment. Furthermore, the utilization review letter on 12/03/14 modified 4 quantity of UDS to #1. The request for 4 quantity of USD at this time IS NOT medically necessary.