MAXIMUS Federal Services

Case Number:	CM14-0092200		
Date Assigned:	07/25/2014	Date of Injury:	06/26/2003
Decision Date:	06/17/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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, Hawaii
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 injured worker is a 69 year old female, who sustained an industrial injury on June 26, 2003. She has reported neck pain, back pain, and foot pain. Diagnoses have included cervical spine disc syndrome, bilateral carpal tunnel syndrome, lumbar spine disc disease with left leg sciatica, lumbar spine disc herniation, intractable spine and wrist pain, and depression and anxiety. Treatment to date has included medications, home exercise, cervical spine epidural steroid injection, physical therapy, psychotherapy, and imaging studies. A progress note dated April 29, 2014 indicates a chief complaint of neck pain, lower back pain, and right foot pain over the plantar aspect of the foot with standing, and left foot pain with prolonged walking. The treating physician documented a plan of care that included a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine toxicology screen: Overturned

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 Opioids Page(s): 77. Decision based on Non-MTUS Citation ODG, Pain, Urine Drug Screen.

Decision rationale: The patient presents with pain affecting the neck, low back and bilateral feet. The current request is for 1 Urine toxicology screen. The treating physician report dated 4/2/15 (630C) states, "The patient participated in a preliminary urine drug screening today in accordance with the recommendations from the California Medical Board outlined in their policy entitled "Prescribing Controlled Substances for Pain." The patient understands that routine drug screening is a tool utilized to prevent drug diversion and abuse while maintaining and improving appropriate prescribing of effective medications." MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. A 'Request for Prior Authorization for Medication' report dated 3/13/15 (627C) notes that the patient is awaiting an authorization for the prescription of Norco. The report dated 4/2/15 notes that the patient is seeing this physician for the first time. In this case, the last urine drug screen performed was on 1/12/15 (604C) and was positive for tramadol, which was inconsistent with prescription therapy at the time of testing. Furthermore, the patient is being initiated on a new prescription of Norco and the treating physician performed a preliminary urine drug screen. Review of the reports provided do not show that urine drug screens are used excessively. ODG and MTUS do support periodic urine toxicology for opiate management. Recommendation is for authorization.