

Case Number:	CM15-0000919		
Date Assigned:	01/12/2015	Date of Injury:	02/25/1993
Decision Date:	03/13/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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: Internal Medicine

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 69 year old male who sustained a work related injury to his back, right leg, ankle and knees on February 25, 1993. There was no mechanism of injury documented. The injured worker underwent an anterior interbody fusion L4-5, L5-S1 fusion, left shoulder arthroscopy with glenohumeral joint osteoarthritis, and hernia repair for genitofemoral ilioinguinal nerve entrapment. No dates of surgery were documented. The injured worker underwent a right ilioinguinal nerve block on April 21, 2014 with minimal lasting benefit according to the progress report on November 26, 2014. He is diagnosed with lumbar post laminectomy and fusion syndrome, post hernia repair syndrome, right genitofemoral neuritis and bilateral knee internal derangement. The patient continues to experience chronic low back pain, shoulder pain and right groin pain. Current medications consist of Norco and Lyrica. No other treatment modalities were documented. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for a Retrospective Urine Toxicology Screening and Urine Toxicology Screening every 3 months. On December 23, 2014 the Utilization Review denied certification for the Retrospective Urine Toxicology Screening and Urine Toxicology Screening every 3 months. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, criteria for use of Drug Testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine Toxicology Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreemen.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Medical records document a prescription for Norco, which a schedule II Hydrocodone combination product. MTUS guidelines support the use of urine drug screen for patients prescribed opioids. Therefore, the request for urine toxicology screen is medically necessary.

Urine Toxicology Screen Q3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreemen.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Urine toxicology screening every three months was requested. Because the future condition of the patient and future medication regimens are unknowns, a request for quarterly urine toxicology screening indefinitely is not supported. Therefore, the request for urine toxicology screening every three months is not medically necessary.