

Case Number:	CM15-0110776		
Date Assigned:	06/17/2015	Date of Injury:	11/03/1993
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency 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 injured worker is a 66 year old female who sustained an industrial injury on 11/03/1993. Diagnoses include lumbago, low back pain, post-laminectomy syndrome-lumbar, sciatica, encounter for long use of medications, myofascial pain syndrome/fibromyalgia, neuralgia and neuritis. Treatment to date has included diagnostic studies, medications, and surgery. A physician progress note dated 04/20/2015 documents the injured worker complains of ongoing lower back pain that varies in degree of intensity and severity depending on circumstances such as weather, activity levels, stress level and sitting and standing too long. She is stable on her present medication regime and denies any side effects. She rates her pain as 3 out of 10. Her medications include Lorazepam, Temazepam, Lactulose, and Avinza. A Urine drug test was done on 01/27/2015 and was positive for opioid which was consistent with prescribed medications. Treatment requested is for UDS (urine drug screen) retrospective DOS 4/20/15, and UDS-Creatinine (urine drug screen) retrospective DOS 4/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS (urine drug screen) retrospective DOS 4/20/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for UDT (urine drug testing).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Drug testing" Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine Drug Testing.

Decision rationale: The requested UDS (urine drug screen) retrospective DOS 4/20/15, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing," recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Official Disability Guidelines, Pain (Chronic), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The injured worker has ongoing lower back pain that varies in degree of intensity and severity depending on circumstances such as weather, activity levels, stress level and sitting and standing too long. She is stable on her present medication regime and denies any side effects. She rates her pain as 3 out of 10. Her medications include Lorazepam, Temazepam, Lactulose, and Avinza. A Urine drug test was done on 01/27/2015 and was positive for opioid which was consistent with prescribed medications. The referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at "moderate risk," and the treating physician has not documented the medical necessity for drug screen frequency in excess of this amount. The criteria noted above not having been met, UDS (urine drug screen) retrospective DOS 4/20/15 is not medically necessary.

UDS - Creatinine (urine drug screen) retrospective DOS 4/20/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for UDT (urine drug testing).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Drug testing" Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine Drug Testing.

Decision rationale: The requested UDS - Creatinine (urine drug screen) retrospective DOS 4/20/15, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing," recommend drug screening "to

assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Official Disability Guidelines, Pain (Chronic), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The injured worker has ongoing lower back pain that varies in degree of intensity and severity depending on circumstances such as weather, activity levels, stress level and sitting and standing too long. She is stable on her present medication regime and denies any side effects. She rates her pain as 3 out of 10. Her medications include Lorazepam, Temazepam, Lactulose, and Avinza. A Urine drug test was done on 01/27/2015 and was positive for opioid which was consistent with prescribed medications. The referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at "moderate risk," and the treating physician has not documented the medical necessity for drug screen frequency in excess of this amount. The criteria noted above not having been met, UDS - Creatinine (urine drug screen) retrospective DOS 4/20/15 is not medically necessary.