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| Case Number: | CM15-0115744 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 03/27/2000 |
| Decision Date: | 07/22/2015 | UR Denial Date: | 06/09/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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, Indiana, New York
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 injured worker is a 56 year old male who sustained an industrial injury on 03/27/00. Initial complaints and diagnoses are not addressed. Treatments to date include medications, back surgeries, and spinal cord stimulator. Diagnostic studies include MRIs. Current complaints include low back and neck pain. Current diagnoses include post laminectomy syndrome cervical and lumbar, and knee enthesopathy. In a progress note dated 05/21/15 the treating provider reports the plan of care as medications including Lidoderm, gabapentin, naproxen, Ambien, and Cymbalta, as well as a urine drug screen. The requested treatment includes a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (DOS: 5/21/2015): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug screen date service May 21, 2015 is medically necessary. 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. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are post laminectomy syndrome cervical; post laminectomy syndrome lumbar; and knee enthesopathy NOS. The documentation from a May 21, 2015 progress note lists Ultram as a current medication. The treatment plan however does not list Ultram as an ongoing medication. The injured worker has a history of methamphetamine use. The injured worker is status post detoxification at the [REDACTED] for opiate dependence. It is unclear from the documentation why the treating provider would prescribe any opiate under the prevailing circumstances of prior opiate dependence and methamphetamine use. A urine drug screen was performed August 2014 and was consistent. The clinical documentation suggests the injured worker is at high risk for drug misuse and abuse. Additionally, the injured worker has a history of methamphetamine use. The treatment plan does not list Ultram as an ongoing medication. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, history of opiate abuse, methamphetamine use, high risk for drug misuse and abuse and current medications that include Ultram despite Ultram not being included in the most recent treatment plan, retrospective urine drug screen date service May 21, 2015 is medically necessary.