MAXIMUS Federal Services

Case Number:	CM15-0123770		
Date Assigned:	07/08/2015	Date of Injury:	07/12/1996
Decision Date:	08/06/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/26/2015

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: Preventive Medicine, Occupational 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 73 year old male who sustained an industrial injury on 7/12/96. The initial diagnosis and symptoms experienced were not included in the documentation. Diagnoses included lumbar post laminectomy syndrome, lumbago, implanted infusion pump, lumbosacral radiculopathy and lumbar disc degeneration. Comorbid conditions include diabetes. Treatment to date has included heat/cold therapy, medication, surgery, TENS unit, intrathecal (IT) pump, psychotherapy and aqua therapy. The secondary provider's (pain specialist) note on 5/19/2015 requested serum drug screening 4 times per year. The primary provider's PR-2 progress note on 6/11/2015 stated that the injured worker complained of continued low back pain that radiated to the lower extremities down to his feet with the left side being greater than the right side. The pain was described as constant and aching, and was rated 10/10 without medication and 7/10 with medication. Engaging in activities of daily living exacerbated the symptoms. He experienced some benefit from aqua therapy and was utilizing a four wheeled scooter for mobility. The injured worker remained off work. On exam there was stiffness and guarding noted when the injured worker transferred out of the scooter. He had limited range of motion in his lower extremities due to pain and decreased sensation to light touch. There was moderate to severe tenderness to palpation over his low back. The note also listed the injured worker's current medication regimen, which included Hydrocodone/APAP 10/325, Butrans, IT pump and Klonopin. Due to afore mentioned medications, a urine drug screen was requested to monitor the injured workers medication compliance and efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Chronic pain programs, opioids; Medications for chronic pain; Opioids Page(s): 34, 60, 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I ? Evidence Assessment, Pain Physician 2012; 15:S1-S662) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012;14(4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/.

Decision rationale: A drug test is a technical analysis of a biological specimen, for example urine, hair, blood, breath air, sweat, or oral fluid / saliva, to determine the presence or absence of specified parent drugs or their metabolites. Drug-testing a blood sample is considered to be the most accurate test for drugs or their metabolites as it will reflect the drugs steady state or level in the serum that equates to the amount of medication taken. However, it is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. Review of the available medical records for this patient reveals that the patient's pain specialist has already ordered, and had approved, serum drug testing four times per year to screen for medication compliance. The MTUS has no further requirement that similar drug testing be done on urine samples. At this point in this patient's care medical necessity for a urine drug screen has not been established.