

Case Number:	CM15-0171643		
Date Assigned:	09/11/2015	Date of Injury:	07/16/2010
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/31/2015

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 57 year old female, who sustained an industrial injury on July 16, 2010, incurring neck, back, right knee and shoulder injuries. She was diagnosed with cervical disc disease, cervical radiculopathy, bilateral shoulder sprain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral knee osteoarthritis. Treatment included physical therapy, pain medications, sleep aides, muscle relaxants, proton pump inhibitor, and diagnostic imaging and activity restrictions. On January 15, 2013, she underwent lumbar spine fusion surgery followed by a post-operative infection undergoing three more surgeries. On January 26, 2015, the injured worker underwent right knee surgery. Her last date of work was July 16, 2010. Currently, in 2015, the injured worker complained of intermittent low back pain radiating to both legs rated 6-7 out of 10 on a pain scale with weakness. She was noted to have spinal tenderness with muscle spasms and limited range of motion. Her pain was aggravated by prolonged sitting, standing, walking, bending, twisting, lifting, carrying, pushing and pulling. She noted her persistent pain interfered with her activities of daily living. She was diagnosed with lumbar spine sprain with radicular complaints. The treatment plan that was requested for authorization on August 31, 2015, included a request for a urine toxicology screening. On July 30, 2015, utilization review denied the request for a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screening is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy workers, 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 is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the injured worker's working diagnoses are cervical disc disease; cervical radiculopathy; bilateral shoulder sprain/strain; status post lumbar fusion 2012; lumbar disc disease and radiculopathy; lumbar facet syndrome; painful retained hardware; transgression right pedicle screw and posterior displacement of the cage; and bilateral knee osteoarthritis. The date of injury is July 16, 2010. Request authorization is July 23, 2015. According to a July 10, 2015 progress note, the injured worker had a urine drug toxicology screen January 9, 2015 that was positive for Lorazepam (prescribed by the non-worker's compensation primary care provider). The urine drug screen was positive for gabapentin and Lyrica (both prescribed by the treating provider). The treating provider indicates the injured worker is at high risk for abuse and addiction with a SOAPP-R method (score of 19). There is no documentation in the medical record of noncompliance with prescribed medications. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There were no prior urine drug screens (other than the January 9, 2015 UDS) with inconsistent results. Current medications include Lyrica, Celexa, Lexapro, Ambien and Lorazepam (by the PCP). There are no opiates prescribed. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no inconsistent urine drug toxicology screens in the medical record and no aberrant drug-related behavior, drug misuse or abuse, urine toxicology screening is not medically necessary.