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| Case Number: | CM15-0172356 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 08/07/2007 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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(n) 63-year-old male, who sustained an industrial injury on 8-7-07. The injured worker was diagnosed as having post-lumbar laminectomy syndrome, lumbar disc displacement without myelopathy and lumbosacral radiculitis. The physical exam (2-19-15 through 7-7-15) revealed 4 out of 10 with medications and 10 out of 10 without medications and decreased lumbar range of motion. Treatment to date has included Baclofen, Diazepam, Tizanidine and Hydrocodone-APAP. There are no previous drug screens included in the case file and the treating physician did not document suspected drug abuse or non-compliance with prescribed medications. As of the PR2 dated 8-7-15, the injured worker reports pain in his back and left sciatica. He rates his pain 4 out of 10 with medications and 10 out of 10 without medications. Objective findings include decreased lumbar range of motion. The treating physician recommended a serum drug test to determine if the injured worker's serum opiate concentrations are within expected steady state range and to ensure compliance with opioid agreement. The treating physician requested a serum drug screen. On 8-13-15, the treating physician requested a Utilization Review for a serum drug screen. The Utilization Review dated 8-17-15, non-certified the request for a serum drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum drug screen: 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 screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, serum drug screen is not 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 displacement lumbar disc without myelopathy; post laminectomy syndrome lumbar; and lumbosacral radiculitis. Date of injury is August 7, 2000. There is no request for authorization in the medical record. According to a July 7, 2015 progress note, the injured worker's subjective complaints are low back and left sciatic pain. Injured worker status post L5 - S1 left discectomy 2008. Current medications include hydrocodone and baclofen. The documentation indicates the injured worker is a high risk for addiction based on continued Schedule II opiate use. There is no clinical indication or rationale for a serum drug screen. The guidelines provide for urine drug toxicology screens as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for a serum drug screen, serum drug screen is not medically necessary.