

Case Number:	CM15-0027943		
Date Assigned:	02/20/2015	Date of Injury:	10/02/2001
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/13/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female who sustained an industrial injury on 10/2/01. She currently is experiencing low back pain with radiation to the right lower extremity and cervical spine pain and headaches. Her back pain was rated 6-9/10 and cervical pain 7/10. Medications are Ultracet, Valium, Anaprox, Prilosec, Neurontin, Cymbalta, Celebrex. Diagnoses include cervical degenerative disc disease; left shoulder internal derangement, status post arthroscopy; right internal derangement, status post arthroscopy; bilateral carpal tunnel syndrome, right greater than left; bilateral upper extremity radiculopathy; lumbar degenerative disc disease; left hip myoligamentous injury/ greater trochanteric bursitis; left lower extremity radiculopathy; status post right total knee replacement, 8/09; reactionary depression; anxiety and medication induced gastritis. Treatments to date include lumbar epidural steroid injections with 70% pain relief dropping pain score to 2/10; physical therapy; left hip greater trochanteric bursa injection which was not beneficial; acupuncture to the lumbar spine without benefit; facet rhizotomies providing 70% relief for about an 8 month period. Diagnostic studies included electromyography of the upper extremities (1/21/11) and (10/22/04); MRI cervical spine (5/3/08); MRI lumbar spine (5/3/08) and (9/8/04); MRI right knee (11/20/06) and 8/26/04); cervical spine MRI (9/8/04); right shoulder MRI 9/2/15/05). In the progress note dated 1/20/15 the treating physician did a urine drug screen and was positive for opiates and benzodiazepines which was consistent with her medication regimen. Sample was sent for laboratory confirmation. On 2/2/15 Utilization Review non-certified the requests for retrospective Urine Drug Screen 1/20/15 and Urine Drug Screen citing MTUS: Chronic pain medical treatment Guidelines and ODG- TWC: Urine Drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine drug screen 1/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC;Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing (UDT).

Decision rationale: Regarding the request for a urine drug screen (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Laboratory confirmation is supported only in the presence of inconsistent results with point-of-contact testing. Within the documentation available for review, there is no documentation of the date and results of prior testing and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. Furthermore, the request was noted to include laboratory confirmation, but the in-office result was noted to be consistent and there was no rationale provided for the confirmation. In light of the above issues, the currently requested urine drug screen is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC;Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing (UDT).

Decision rationale: Regarding the request for a urine drug screen (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Laboratory confirmation is supported only in the presence of inconsistent results with point-of-contact testing. Within the documentation available for review, there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. Furthermore, the request was noted to include laboratory confirmation,

but there is no support for confirmation unless there are inconsistent results on point-of-contact testing. In light of the above issues, the currently requested urine drug screen is not medically necessary.