

Case Number:	CM15-0042274		
Date Assigned:	03/12/2015	Date of Injury:	04/18/1996
Decision Date:	04/22/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/05/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 62 year old male, who sustained an industrial injury on April 18, 1996. He reported feeling a sudden snap in his lower back. The injured worker was diagnosed as having lumbosacral radiculitis and posterior lumbar laminectomy syndrome. Treatment to date has included urine drug screening and two pain medications. On February 6, 2015, the injured worker complains of aching pain of the low back on the right side. Associated symptoms include radiating pain to the right testicle and the right lower extremity, and flopping of the right foot and ankle. The physical exam revealed decreased lumbar range of motion with back pain, able to toe walk without difficulty, decreased right foot heel walking, and decreased sensation over the plantar right foot and lateral right calf. The treatment plan includes continuing his two pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Serum Drug Screen over 1 year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Substance abuse (substance related disorders, tolerance, dependence, addiction) and Other Medical Treatment Guidelines University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. A urine drug screen is the preferred method for screening for abuse. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December." ODG States: Cautionary red flags for patients that may potentially abuse opioids: (a) History of alcohol or substance abuse, (b) Active alcohol or substance abuse, (c) Borderline personality disorder, (d) Mood disorders (depression) or psychotic disorders, (e) Non-return to work for >6 months, (f) Poor response to opioids in the past (Washington, 2002). Cautionary red flags of addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state; 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress," (f) Frequent visits to the ED, (g) Family reports of overuse or intoxication; 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Medications are provided by multiple providers. (Wisconsin, 2004) The patient has been on chronic opioid therapy. The treating physician does not indicate that the injured worker has a medical history of drug abuse or has a history of non-compliance with opioid treatment. In addition, the treating physician did not document red flags of opioid abuse that may justify blood levels of medications. As such, the request for 4 Serum Drug Screen over 1 year is not medically necessary.