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| Case Number: | CM15-0066099 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 09/13/2008 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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 52 year old male injured worker suffered an industrial injury on 09/13/2008. The diagnoses included chronic pain syndrome, thoracic or lumbosacral radiculitis, anxiety, dysthymia, lumbago, degenerative disc disease of the lumbosacral intervertebral disc and knee pain. The injured worker had been treated with medications, home exercise program and TENS. On 1/13/2015 the treating provider reported the pain as aching in the low back, left heel and left knee. The pain is 8/10 without medications and 6/10 with medications. The 2 prior urine drug screens were inconsistent. The treatment plan included High Complexity Qualitative Urine Drug Screen by Immunoassay Method.

IMR ISSUES, DECISIONS AND RATIONALES

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

High Complexity Qualitative Urine Drug Screen by Immunoassay Method times 9 with alcohol testing any method other than breath times one performed 01-13-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine Drug Testing.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, high complexity qualitative urine drug screen by Immunoassay Method times 9 with alcohol any method other than breath times one date of service January 13, 2015 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 workers working diagnoses are chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis unspecified; anxiety; dysthymic disorder; lumbago; degeneration lumbar or lumbosacral intervertebral disc; and knee pain. According to a January 13, 2015 progress note, urine drug screen was ordered and sent. There was no discussion of a request for nine urine drug toxicology screens. Urine drug toxicology screens are used for patients using opiate medications with issues of abuse, addiction or poor pain control. There is no documentation in the medical record indicating aberrant drug-related behavior, issues of drug-related abuse or addiction. Although there is evidence of prior inconsistent urine drug screens with alprazolam, alprazolam is now noncertified of utilization review physician. There is no risk assessment in the medical record indicating whether the injured worker is a low risk, moderate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with aberrant drug-related behavior, drug misuse or abuse, a risk assessment, high complexity qualitative urine drug screen by Immunoassay Method times 9 with alcohol any method other than breath times one date of service January 13, 2015 is not medically necessary.