

Case Number:	CM15-0069206		
Date Assigned:	04/21/2015	Date of Injury:	06/11/1997
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on 6/11/97. He reported neck and low back. The injured worker was diagnosed as having cervical spine disc syndrome with strain/sprain disorder, post laminectomy fusion operative procedure, lumbosacral spine disc syndrome with sprain/strain disorder, bilateral polyradiculopathy, status post laminectomy fusion, migraine headaches and chronic pain syndrome with idiopathic insomnia. Treatment to date has included oral medications including opioids, spinal cord surgery, physical therapy, topical medications and electrical stimulation of the spinal cord. Currently, the injured worker complains of sharp stabbing neck and low back pain with stiffness, weakness, numbness paresthesia and generalized discomfort. The treatment plan included recheck appointment and continuation of Percocet, OxyContin and Imitrex, a urine drug screen was also requested for authorization. The injured worker noted good, but partial response to medications thus far. Physical exam noted reduced sensation and strength in all four limbs, reduced range of motion of entire spine, tender, painful bilateral cervical and also lumbosacral paraspinal muscular spasms, reduced sensation and strength in cervical nerve roots with clinical presentation of quadriparesis and absent bilateral deep tendon reflexes. The patient's surgical history include cervical and lumbar fusion. The medication list include Valium, Ambien, Soma, Percocet, and Oxycontin. The patient has had urine drug screen test on 1/30/15 and on 1/29/14 that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine Drug Screen (DOS: 03/18/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid/misuse addiction Page(s): 94-95, 82. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, 2013, Urine Drug Test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Pain (updated 04/06/15) Urine drug testing (UDT).

Decision rationale: Request: Retrospective: Urine Drug Screen (DOS: 03/18/2015). Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment". Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." The patient has had urine drug screen test on 1/30/15 and on 1/29/14 that was consistent. The pt had had a urine drug screen less than 2 months prior to the one done on 3/18/15. Any history of substance abuse, that would require very frequent drug screens, was not specified in the records provided. The medical necessity of the request for Retrospective: Urine Drug Screen (DOS: 03/18/2015) is not fully established in this patient.