

Case Number:	CM15-0074247		
Date Assigned:	04/24/2015	Date of Injury:	10/12/2005
Decision Date:	06/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old male who sustained an industrial injury on 10/12/2005. The injured worker was diagnosed with cervical degenerative disc disease, displacement cervical disc without myelopathy, lumbar degenerative disc disease, lumbar spondylosis and bilateral acromioclavicular osteoarthritis with bilateral supraspinatus tendinitis. Aside from opiate medications and diagnostic testing in the past there was no other documentation of previous treatments. According to the primary treating physician's progress report on March 16, 2015, the injured worker continues to experience back pain radiating to the left leg, neck and right shoulder pain. The injured worker is seen for a pharmacological re-evaluation. Examination of the cervical and lumbar spine demonstrated decreased range of motion with pain. Tenderness to palpation particularly in the paravertebral muscles of the lumbar spine on the left was noted. Right shoulder range of motion was decreased and produced pain. Current medications are listed as Talwin, Zanaflex and Tylenol over the counter. Treatment plan consists of reordering Talwin NX and the current request for a 4-serum drug screen four times a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 serum drug screen times 4 a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 18th edition (web) 2013, Treatment in Workers Compensation, Pain-Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. 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. ODG further clarifies frequency of urine drug screening: "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. "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. "High risk" of adverse outcomes may require testing as often as once per month. The medical records are not clear as to why serum drug screening has been requested rather than the guideline recommended urine drug screen. Additionally, it is unclear why this patient needs testing 4 times per year, which is in excess of the guideline recommendations. The treating physician does not detail abuse or misuse of medication. As such, the request for 4 serum drug screen times 4 a year is not medically necessary.