

Case Number:	CM15-0076214		
Date Assigned:	04/27/2015	Date of Injury:	10/12/2010
Decision Date:	06/01/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/21/2015

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 56-year-old female with an industrial injury dated October 12, 2010. The injured worker's diagnoses include lumbago, cervical pain/cervicalgia, myofascial pain syndrome /fibromyalgia and long-term use of medications. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 3/16/2015, the injured worker reported ongoing lower back pain and neck pain with radiation to upper extremity with activity and repetition. The injured worker reported that the medication reduces pain from a 9/10 to 4/10. Objective findings revealed tenderness in the cervical and lumbar spine with decrease range of motion. The treating physician prescribed services for retrospective review - toxicology screen/report (dates of service 2/12/2015, 8/5/2014) and prospective review of toxicology screen/report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review - Toxicology screen/report (DOS 2-12-15, 8-5-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, 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 non-adherent) 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. Within the documentation available for review, the patient is on controlled substances of Norco. Therefore, screening of urine is needed, but there is no risk stratification to determine the appropriate interval. If a patient is deemed low risk, Official Disability Guidelines state that 1-2 times per year is appropriate. It appears that the provider has performed a toxicology test on 7/21/2014, which showed compliance, then another urine screen is completed on 8/6/14 without clear indication of the need for repeat testing. Another urine drug screen is complete on 2/12/15, which again showed compliance with hydrocodone. Due to the lack of opioid risk stratification, preferably by a tool such as the ORT or SOAPP, the retrospectively requested urine toxicology tests are not medically necessary.

Toxicology screen/report: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, 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 non-adherent) 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. Within the documentation available for review, the patient is on controlled substances of Norco. Therefore, screening of urine is needed, but there is no risk stratification to determine the appropriate interval. If a patient is deemed low risk, Official Disability Guidelines state that 1-2 times per year is appropriate. The provider has performed a toxicology test 2/12/15 which showed compliance with hydrocodone use. It is unclear why this patient would need a repeat urine screen test within 7 weeks of the previous urine drug screen. Due to the lack of opioid risk stratification and lack of clarity regarding stated issue, the currently requested urine toxicology test is not medically necessary.

