

Case Number:	CM15-0077127		
Date Assigned:	04/28/2015	Date of Injury:	01/23/1989
Decision Date:	05/26/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/22/2015

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 injured worker is a 60 year old male who sustained an industrial injury on 1/23/89. The injured worker reported symptoms in the back. The injured worker was diagnosed as having chronic pain. Treatments to date have included oral pain medication, status post spinal fusion, and epidural steroid injection. Currently, the injured worker complains of lower back pain with radicular symptoms. The plan of care was for urine toxicology and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology testing 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 worker's working diagnoses are chronic pain; chronic low back pain; spinal fusion 2013. The injured worker's date of injury is January 23, 1989. The injured worker has had poor pain control since the injury. The current opiate includes Oxycodone IR 5 mg up to four tablets per day. The utilization review shows (not present in the medical record) a urine drug screen performed on June 13, 2014 that was positive for cocaine and cannabis. There was no discussion in the medical record of these findings. The injured worker is a recovering alcoholic and admits to using cannabis on occasion. There was no clinical indication or rationale for urine drug toxicology screen. Oxycodone IR did not provide objective functional improvement over the treatment period and as a result was noncertified. A urine drug toxicology screen is not clinically indicated. Oxycodone IR was deemed not medically necessary and a repeat urine drug toxicology screen will not change the treatment plan. Consequently, absent clinical documentation with the clinical indication and rationale for urine drug toxicology screen, urine toxicology screen is not medically necessary.