MAXIMUS Federal Services

Case Number:	CM15-0090861		
Date Assigned:	05/18/2015	Date of Injury:	02/25/2011
Decision Date:	09/23/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/11/2015

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

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 male, who sustained an industrial injury on 02/25/2011. He has reported subsequent back pain and was diagnosed with lumbosacral spondylosis, degenerative lumbar/lumbosacral disc disease, thoracic/lumbar neuritis/radiculitis and spinal stenosis of the lumbar region. Treatment to date has included oral pain medication. The only medical documentation submitted is a progress note dated 03/12/2015. During this visit, the injured worker complained of low back and right shoulder pain. Objective findings were notable for a slow, antalgic gait. A request for authorization of qualitative drug screening 4 times a year, urine drip/tablet 4 times a year, creatinine screening 4 times a year, PH body fluid determination 4 times a year, spectrophotometry 4 times a year and random toxicology screening was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug screening qualitative 4 times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The current request is for Drug screening qualitative 4 times a year. The RFA is from 03/12/15. Treatment to date has included oral pain medication. The patient's work status was not addressed. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "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... Patients at 'high risk' of adverse outcomes may require testing as often as once per month. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The only medical report submitted for review is a progress report dated 03/12/2015. According to this report the patient complained of low back and right shoulder pain. The pain is rated as 6/10. Objective findings were notable for a slow, antalgic gait. The patient's current medications include Amitiza and Gabapentin. The treatment plan was for EMG/NCV of the bilateral lower extremities and refill of medications. There is no discussion regarding the requested drug testing. MTUS and ODG allow routine UDS for medication compliance checks for patients that are on an opiate regimen. Per report 03/12/15 (which is the only report included in the medical file), the patient's current medications include Amitiza and Gabapentin. There is no documentation of an opiate regimen; the requested UDS is not medically necessary.

Urine drip/tablet 4 times a year: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The current request is for Urine drip/tablet 4 times a year. The RFA is from 03/12/15. Treatment to date has included oral pain medication. The patient's work status was not addressed. The ACOEM, MTUS and ODG do not discussion Urine drip tablets. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users. ODG Pain Chapter, under Urine Drug Testing has the following: "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... Patients at 'high risk' of adverse outcomes may require testing as often as once per month. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The only medical report submitted for review is a progress report dated 03/12/2015. According to this report the patient complained of low back and right shoulder pain. The pain is rated as 6/10. Objective findings were notable for a slow, antalgic gait. The patient’s current medications include Amitiza and Gabapentin. The treatment plan was for EMG/NCV of the bilateral lower extremities and refill of medications. There is no

discussion regarding the requested 'Urine drip/tablet.' It appears to be tablets used in conjunction with urine drug screenings. MTUS and ODG allow routine UDS for medication compliance checks for patients that are on an opiate regimen. Per report 03/12/15 (which is the only report included in the medical file), the patient's current medications include Amitiza and Gabapentin. Given the patient is not on any opiates and does not require a UDS, the requested "Urine drip/tablet 4 times a year" cannot be substantiated. The request is not medically necessary.

Creatinine screening 4 times a year: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The current request is for Creatinine screening 4 times a year. The RFA is from 03/12/15. Treatment to date has included oral pain medication. The patient's work status was not addressed. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "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... Patients at 'high risk' of adverse outcomes may require testing as often as once per month. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The only medical report submitted for review is a progress report dated 03/12/2015. According to this report the patient complained of low back and right shoulder pain. The pain is rated as 6/10. Objective findings were notable for a slow, antalgic gait. The patient's current medications include Amitiza and Gabapentin. The treatment plan was for EMG/NCV of the bilateral lower extremities and refill of medications. There is no discussion regarding the requested creatinine testing. ODG states "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." There is no discussion of such and the medical necessity of the creatinine testing has not been established. If the creatinine testing refers to UDS, given that such a frequent testing is not supported by the guidelines, and the fact that the patient is not on any opiates requiring UDS, it would not be indicated. The request is not medically necessary.

PH body fluid determination 4 times a year: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medication Foundation at sbmf.org/index.php/clinicaltests/page/25115.

Decision rationale: The current request is for PH body fluid determination 4 times a year. The RFA is from 03/12/15. Treatment to date has included oral pain medication. The patient's work status was not addressed. The ACOEM, MTUS and ODG guidelines do not discuss PH body fluid tests. According to The Medication Foundation at sbmf.org/index.php/clinicaltests/page/25115, PH body Fluid tests: Low body fluid pH may be encountered in a pleural effusion with leakage of gastric secretions as a result of a perforated ulcer, ruptured esophagus, emphysema, rheumatoid pleurisy, and tuberculosis. Analysis of body fluid usually includes one or more of the following: cell count, differential, total protein, crystals, pH, specific gravity, glucose, albumin, amylase, sodium, potassium, chloride, LD, creatinine, urea nitrogen, uric acid, routine culture, and cytologic studies. Additional testing may include specialized microbiology cultures for AFB or fungus or testing for the presence of bilirubin. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "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... Patients at 'high risk' of adverse outcomes may require testing as often as once per month. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The only medical report submitted for review is a progress report dated 03/12/2015. According to this report the patient complained of low back and right shoulder pain. The pain is rated as 6/10. Objective findings were notable for a slow, antalgic gait. The patient’s current medications include Amitiza and Gabapentin. The treatment plan was for EMG/NCV of the bilateral lower extremities and refill of medications. There is no discussion regarding the PH body fluid test and it is unclear why such analysis of the body fluid is required. This request appears to be in conjunction with the requested drug screens. The medical necessity has not be established; therefore, the request is not medically necessary.

Spectrophometry 4 times a year: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.chemwiki.ucdavis.edu/.

Decision rationale: The current request is for Spectrophometry 4 times a year. The RFA is from 03/12/15. Treatment to date has included oral pain medication. The patient's work status was not addressed. The ACOEM, MTUS and ODG guidelines do not discuss Spectrophometry. http://chemwiki.ucdavis.edu/ states "Spectrophotometry is a method to measure how much a chemical substance absorbs light by measuring the intensity of light as a beam of light passes through sample solution. The basic principle is that each compound absorbs or transmits light over a certain range of wavelength. This measurement can also be used to measure the amount of a known chemical substance. Spectrophotometry is one of the most useful methods of quantitative analysis in various fields such as chemistry, physics, biochemistry, material and chemical engineering and clinical applications." While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "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. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The only medical report submitted for review is a progress report dated 03/12/2015. According to this report the patient complained of low back and right shoulder pain. The pain is rated as 6/10. Objective findings were notable for a slow, antalgic gait. The patient's current medications include Amitiza and Gabapentin. The treatment plan was for EMG/NCV of the bilateral lower extremities and refill of medications. There is no discussion regarding why the patient requires such quantitative analysis. This request appears to be in conjunction with the requested drug screens. The patient is not on any opiates and there is no other discussion as to why a Spectophometry is required. The medical necessity has not be established; therefore, the request is not medically necessary.

Random toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The current request is for Random toxicology screening. The RFA is from 03/12/15. Treatment to date has included oral pain medication. The patient's work status was not addressed. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "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... Patients at 'high risk' of adverse outcomes may require testing as often as once per month. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The only medical report submitted for review is a progress report dated 03/12/2015. According to this report the patient complained of low back and right shoulder pain. The pain is rated as 6/10. Objective findings were notable for a slow, antalgic gait. The patient's current medications include Amitiza and Gabapentin. The treatment plan was for EMG/NCV of the bilateral lower extremities and refill of medications. There is no discussion regarding the requested random UDS. MTUS and ODG allow routine UDS for medication compliance checks for patients that are on an opiate regimen. Per report 03/12/15 (which is the only report included in the medical file), the patient's current medications include Amitiza and Gabapentin. There is no documentation of an opiate regimen; therefore, the requested UDS is not medically necessary.