

Case Number:	CM15-0091460		
Date Assigned:	05/15/2015	Date of Injury:	12/04/2007
Decision Date:	06/17/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/12/2015

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 50 year old female, who sustained an industrial injury on 12/04/2007. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include chronic cervical pain, chronic lumbar pain with left leg radiculopathy, depression and headaches. Treatments to date include medication therapy, physical therapy, acupuncture treatment, lumbar epidural steroid injection, and radiofrequency ablation. Currently, she complained of neck pain radiation into right upper extremity. There was low back pain with radiation into the left lower extremity. Pain was rated 6/10 VAS on that date, 3/10 with medication and 8-9/10 VAS without medication. There was 50% improvement in function with medication noted. On 3/26/15, the physical examination documented stiffness and tenderness over bilateral shoulders. The cervical spine had mild muscle tenderness. The lumbar spine had diffuse muscle tenderness with decreased range of motion and decreased sensation to left greater than right L5 dermatome. The plan of care included urine drug screening four times a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening 4 times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 43, 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 drug testing four times a year 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 myofascial pain cervical and lumbar spine; lumbar spine sprain/strain; multilevel disc desiccation with multiple disc bulges; chronic cervical spine sprain/strain; cervicogenic headaches any; right shoulder sprain/strain and right knee contusion with patellofemoral syndrome. The documentation in the medical record indicates the injured worker has consistent urine drug toxicology screens. There is an opiate contract in place. The injured worker takes Norco, diclofenac, laxacin and Dendracin. A risk assessment was performed and the injured worker was determined to be a low risk for drug misuse or abuse. There is no aberrant drug-related behavior documented in the medical record. The guidelines state injured worker/patient is a low risk of addiction/aberrant behavior should be treated within six months of initiation of therapy and on a yearly basis thereafter. There is no clinical indication or rationale for urine drug toxicology screens four times a year. Consequently, absent clinical documentation with a clinical indication/rationale for urine drug toxicology screens four times a year in excess of the recommended guidelines, urine drug testing four times a year is not medically necessary.