

Case Number:	CM15-0091542		
Date Assigned:	05/15/2015	Date of Injury:	08/29/2011
Decision Date:	06/17/2015	UR Denial Date:	04/10/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58-year-old male, who sustained an industrial injury on 8/29/2011. He reported cumulative injury to the back and bilateral knees. Diagnoses include lumbar disc disease. He is status post bilateral knee arthroscopy, and lumbar fusion on 3/24/14. Treatments to date include activity modification, physical therapy, cortisone joint injections, and lumbar epidural injections. Currently, he complained of abnormal sensations status post lumbar fusion. On 9/12/14, the physical examination documented to see attached documentation that was not submitted for this review. The plan of care included to resume Norco, Fenopropfen, Prilosec, taper tramadol ER, lidocaine patch, thiamine and vitamins. This appeal request was for a retrospective urine drug screen from Date of Service (DOS) 3/5/15. Prior utilization review dated 3/27/15 states that prior urine drug screen for DOS 12/18/14 revealed tramadol and cyclobenzaprine were prescribed but not detected. Objective prior urine drug screens are not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Urine drug screen (DOS 3/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine drug testing.

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

Decision rationale: Retrospective request: Urine drug screen (DOS 3/5/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG bases frequency of urine drug screens on risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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. This category generally includes individuals with active substance abuse disorders. The documentation does not reveal evidence of prior objective urine drug screens. It is unclear how many prior screens the patient has had in total and the objective results. There is no DOS report for 3/5/15 in the submitted documents. For all of these reasons the request for retrospective urine drug screen (DOS 3/5/15) is not medically necessary.