

Case Number:	CM15-0093621		
Date Assigned:	05/19/2015	Date of Injury:	05/06/2008
Decision Date:	06/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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: Preventive Medicine, Occupational 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 38-year-old male, who sustained an industrial injury on 05/06/2008. He has reported subsequent low back and lower extremity pain and was diagnosed with lumbar radiculopathy, low back pain, spinal canal stenosis and myofascial pain. Treatment to date has included oral pain medication, TENS unit and a home exercise program. In a progress note dated 04/15/2015, the injured worker complained of persistent low back pain radiating to the bilateral lower extremity with numbness and tingling and sacral pain. Objective findings were notable for spasms of the lumbar paraspinal muscles, stiff and antalgic gait and tenderness of the right posterior superior iliac spine. A request for authorization of urine drug testing 3-4 times a year was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (random) 3-4 times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Chronic pain programs, opioids;

Medications for chronic pain; Opioids Page(s): 34, 60-1, 74-96. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I Evidence Assessment, Pain Physician 2012; 15:S1-S662) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012; 14 (4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/>.

Decision rationale: A urine drug test is a technical analysis of a urine sample used to determine the presence or absence of specified parent drugs or their metabolites. Even though drug-testing a blood sample is considered to be the most accurate test for drugs or their metabolites it is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. Although it does not note a specific number of screening required each year it implies that the greater the potential for opioid abuse or misuse the more frequent the testing. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. This patient is on chronic opioid therapy and since use of regular urine drug screens, as noted above, is part of the expected patient care, the provider prescribing the opioid medication should request this testing regularly. The patient is not demonstrating signs or symptoms of opioid abuse and the provider is appropriately monitoring the patient's chronic opioid therapy with urine drug screening. The crux of the decision for frequency of this test must be based on patient safety. Since there is no evidence of this patient abusing medications less frequent testing would be appropriate. However, the provider's request is for 3-4 times per year. Without documented behaviors, suggesting otherwise this frequent testing is not warranted. The request for this test 3-4 times per year is not medically necessary.