

Case Number:	CM15-0096802		
Date Assigned:	05/27/2015	Date of Injury:	05/26/2005
Decision Date:	06/29/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 73-year-old male, who sustained an industrial injury on 5/26/2005. Diagnoses include cervical spondylosis without myelopathy, neck pain and disorder of back. Treatment to date has included medications including Oxycodone, Lyrica, Ambien, Oxycontin, Orphenadrine, and topical creams, cervical epidural steroid injections, and cervical facet injections. Per the Primary Treating Physician's Progress Report dated 2/02/2015, the injured worker reported ongoing neck pain, right shoulder pain and intermittent upper extremity radicular pain. Physical examination of the cervical spine revealed tenderness of the paracervicals, trapezius and levator scapulae. Active range of motion elicited pain. The plan of care included diagnostics and medications. Authorization was requested for Lyrica 100mg #90, Lidoderm patch 5% #30 and a urine drug screen. The medication list includes Oxycodone, Lyrica, Ambien, Oxycontin Orphenadrine, and topical creams. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient random routine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing.

Decision rationale: Request: Outpatient random routine drug screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. 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. As per records provided medication lists includes Oxycodone and Oxycontin. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like; a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Outpatient random routine drug screen is medically appropriate and necessary in this patient.