

Case Number:	CM14-0141884		
Date Assigned:	09/10/2014	Date of Injury:	09/02/2004
Decision Date:	10/06/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66 year old male who reportedly suffered an industrial injury on 9/2/2004. He was seen by the primary treating provider on 8/6/2014 and it was noted that the patient had back pain and diffuse loss of sensation in the right lower extremity. The patient had an antalgic gait but motor and reflex function in bilateral upper and lower extremities was normal. It was noted that the patient's medications reduced pain by 2-3 points on a pain scale. Formal diagnoses listed were degenerative disk disease with L4-S1 fusion, possible hardware bursitis vs. non union and lumbosacral strain. The treatment plan was to refill tramadol extended release, Norco and gabapentin. There was a request for urine drug screen to rule out the risk of misuse and problems such as diversion. On 8/6/2014, a sample was sent for urine drug screen and was reported on 8/12/2014. The results of this demonstrated that hydrocodone was positive but tramadol was reported to be negative. Additional requests for urine drug screens were submitted on 3/31/2014 and this was reported a few days later showing that the patient had tramadol and hydrocodone in the urine, consistent with prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective outpatient full panel drug screen DOS: 8/6/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opiate use Page(s): 85. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Interventions, page(s) 935.; Official Disability Guidelines (ODG) Chronic pain, Urine drug testing

Decision rationale: The ACOEM does recommend that all patients on opiates should be tested randomly from up to two times a year to four times a year with urine drug tests. The ACOEM does not say that confirmatory testing is required in every instance. In fact, ODG clearly states that confirmatory testing is generally performed in circumstances when a prescribed drug is not found in the urine, or illicit substances are found, or a non-prescribed drug is found. Routinely performing confirmatory testing in a patient who otherwise has always had consistent drug tests of the urine does not appear to be necessary. In addition, all guidelines recommend the performance of these tests in conjunction with a clinical assessment of the risk of misuse and aberrant behavior. This assessment is not evident in the physician notes. Further, on page 85 of the CA MTUS, the document addresses the use of urine drug screens and mentions only that "screens" may be used as an option in detecting non prescribed substances and in detecting the absence of prescribed substances. The document goes on to further stress that a comprehensive assessment for opiate addiction risk and misuse risk should be conducted. As mentioned previously, the provider has failed to document these issues. Further, as a matter of prudence and common sense, in a well-established patient on a chronic stable opiate regimen with no clinical signs of abuse or misuse and previous urine drug screens that are consistent with prescribed agents, there does not appear to be a requirement for a urine drug screen and confirmatory testing at every visit. Finally, all guidelines referenced by the provider are explicit about the use of only "screening" tests. The only guideline that addresses confirmatory laboratory based testing, the ODG, states that confirmatory testing is generally only required when there are inconsistencies in a patient's screening tests. As such inconsistency has not been observed in this patient's instance, the guidelines do not support certification of the laboratory based confirmatory testing that is routinely recommended by the patient's provider, regardless of the results of the screening assay.