

Case Number:	CM13-0010204		
Date Assigned:	09/19/2013	Date of Injury:	07/02/2010
Decision Date:	01/24/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in the District of Columbia and Maryland. 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 physician 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:

Claimant was a 55 year old woman. The date of injury was July 2nd, 2010 and the mechanism of injury was fall or slip on stairs. Her past medical history included depression and toxoplasmosis. She sustained left ankle injury and back injury. She had a history of ankle surgery and epidural steroid injections. Lumbar spine magnetic resonance imaging (MRI) showed severely hypertrophic deformed left L5-S1 and L4-5 facet joints. The right L4-5 facet joint was also markedly deformed. Claimant was being followed by [REDACTED] for pain management. She was seen on June 17, 2013. Her complaints included low back pain and cervical pain. The pain in lower back was worse on standing and with walking. In addition there was associated tingling and numbness in legs and buttock. The pain was relieved when she bent forward at the waist or sat down. Her medications included Flexeril, Ditropan, Wellbutrin, Nucynta, Hydrocodone-APAP and MS contin. On examination she had diffuse tenderness over cervical area, severe tenderness on lower lumbar facet joint and SI joints bilaterally. Her diagnoses included lumbar spine stenosis with neurogenic claudications, SI joint dysfunction, lumbar facet arthropathy, lumbar sprain, cervical strain and ankle pain. Her treatment included continuation of MS contin and Hydrocodone APAP. Request for urine toxicology screen was received on June 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2013 web-based edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Chronic Pain, Urine Drug Testing.

Decision rationale: According to ODG, 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. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. The employee was being treated for chronic pain with MS contin and Hydrocodone- APAP. There is no documentation of ongoing substance abuse. According to the guidelines cited above, urine drug testing is recommended on a monthly basis in high risk patients with active substance abuse disorders. There also is no evidence of aberrant behaviors that would necessitate monthly urine drug testing. Another request for urine drug testing was certified medically necessary in June 2013 based on the visit in May 2013. Hence this request is not medically necessary.