

Case Number:	CM13-0019515		
Date Assigned:	03/14/2014	Date of Injury:	10/29/2011
Decision Date:	04/22/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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 Family Practice, 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 claimant is a 42 year old female who sustained a work-related back injury on 10/29/11. She developed lumbar spinal stenosis, disk herniation, and degenerative disk disease. She underwent physical therapy, and eventually required a laminectomy, spinal fusion, and pedicle screw at L4-L5. The patient had not been taking any controlled substances initially for pain management and a urine drug screen on 8/22/12 was consistent with this. Despite the above interventions and findings, the claimant had not been taking any medications for pain control. The treating physician ordered another urine drug screen on 7/22/13 which was also negative for controlled substances.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE URINE DRUG TEST ADMINISTERED ON 7/22/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pages 90-92 Page(s): 90-92. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, urine toxicology screens are used to assess for the presence of illicit drugs, or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The Official Disability Guidelines state that urine drug testing is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered, in cases in which the patient asks for a specific drug, if the patient has a positive or "at risk" addiction screen on evaluation, or if aberrant behavior or misuse is suspected and/or detected. If a patient has evidence of a "high risk" of addiction, has a history of aberrant behavior, personal or family history of substance dependence /addiction, or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. Ongoing testing may also be done if dose increases are not decreasing pain and increasing function. Based on the above references and clinical history, a urine toxicology screen is not medically necessary when no medications were being used at the time of testing. The request is noncertified.