MAXIMUS Federal Services

Case Number:	CM13-0022052		
Date Assigned:	10/16/2013	Date of Injury:	04/17/2008
Decision Date:	06/02/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 case involves a 38 year-old male with a 4/17/08 industrial injury claim. He has been diagnosed with L2/3 disc protrusion; LLE radicular pain; s/p L4/5 disc replaceemnt on 4/13/10; L3/4 bilateral foraminal encroachment secondary to far lateral intraforaminal disc protrusion; s/p left piriformis muscle release surgery on 2/10/12; s/p L4/5 posterior fusion on 2/12/13. According to the 7/24/13 anesthesiology/pain management report from [redacted], the patient presents with increasing lower back pain over the past month with symptoms of numbness, tingling and weakness in the right leg. The patient was taking Norco up to 6/day, and Lyrica. Pain was 5/10 with medications, 8/10 without. [redacted] recommends acupncture, refill of medications, and a urine drug test (UDT). On 8/15/13 UR recommends against the Urine Drug Testing (UDT).

IMR ISSUES, DECISIONS AND RATIONALES

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

RANDOM URINE DRUG SCREENING QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: According to the 7/24/13 anesthesiology/pain management report from [redacted], the patient presents with increasing lower back pain over the past month with symptoms of numbness, tingling and weakness in the right leg. I have been asked to review for a urine drug test. MTUS guidelines states these are an option to assess for the use of presents for illegal drugs. The records show the patient had Urine Drug Testing (UDT) on 8/6/15, 11/1/12, 1/23/13, 3/4/13, and 7/24/13. The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no mention of the patient being above low risk for aberrant drug behavior. ODG guidelines state that for patients at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under (ODG) Official Disability Guidelines.