

Case Number:	CM13-0028275		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2010
Decision Date:	05/22/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational 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 patient is an employee of [REDACTED] and has submitted a claim for neck, shoulder and low back pain associated with an industrial injury date of October 18, 2010. Treatment to date has included oral analgesics, muscle relaxants, activity restrictions, physical therapy, acupuncture, chiropractic therapy, home exercise, facet blocks and rhizotomy, sacroiliac joint injection and epidural steroid injections. Utilization review dated September 20, 2013 denied the request for urine toxicology screening DOS August 13, 2013 because there was no documentation of a specification of the type of UDS testing performed; there was no completion of a risk assessment or misuse to determine the frequency of UDS testing indicated; and there was no documentation of results of any and all prior UDS testing that was performed. Medical records from 2012 to 2013 were reviewed and showed persistent low back pain graded 7/10. Objective findings include an antalgic gait with positive provocative testing for SI joint dysfunction, Kemps, and straight leg raise. There were lumbar tenderness and limitation of motion but no neurological deficits were noted. Pain medications include Ultram, cyclobenzaprine, Norco and ibuprofen. A urine toxicology screening as a random drug test was requested to ensure compliance with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW OF URINE TOXICOLOGY SCREENING DOS: 8/13/13:
Overturned

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 SECTION ON DRUG TESTING Page(s): 43.

Decision rationale: As stated on page 43 and page 77 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. Page 94 of the California MTUS Chronic Pain Medical Treatment Guidelines, include among the steps to avoid misuse/addiction of opioids, performing frequent random urine toxicology screens. In this case, the patient has been on chronic opioids use due to chronic neck and back pain. The 8/13/13 medical report stated "repeat random drug screening today to ensure compliance with her medications given that the patient has been increased to Norco". This statement is consistent with the guidelines. Therefore, this retrospective review concludes that the urine toxicology screening DOS: 8/13/13 was medically necessary.