

Case Number:	CM13-0029505		
Date Assigned:	11/01/2013	Date of Injury:	03/31/2009
Decision Date:	01/15/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation 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 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:

Patient is a 53 year-old male with a date of injury of 03/31/2009. Patient has diagnoses of complex fracture L3, s/p laminectomy/diskectomy dated 1989 with total recovery, severe degenerative joint disease with herniated lumbar disk L3-4 and L4-5 with segmental instability with radiculopathy. Progress report dated 06/24/2013 by [REDACTED] states overall patient seemed to have learned to live with his pain. He is relying on conservative treatment, including medications to relieve his symptoms. At the 06/25/2013 visit, the patient's medications were renewed for a period of 3 months, which included Vicodin and Flexeril. Patient states medications are bringing relief of pain and states that he will continue use as prescribed. Request is for retrospective UDS (urine drug screen) 07/16/2013, in which the results were consistent. The Utilization Review (UR), dated 09/11/2013, denied the request stating that although it is unclear when the patient's last UDS was performed, there is no aberrant behaviors or signs of misuse that established medical necessity for the UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The treater is requesting retrospective Urine Drug Screen, dated 07/16/2013. Patient has chronic lower back pain since injury dated of 03/31/2009. Patient has been managing the pain with conservative methods including medications. Progress report dated 06/24/2013 by [REDACTED] states overall patient seemed to have learned to live with his pain. He is relying on conservative treatment including medications to relieve his symptoms. At the 06/24/2013 visit, the patient's medications were renewed for a period of 3 months, which included Vicodin and Flexeril. Request is for retrospective UDS 07/16/2013, the results of this test were consistent. UR, dated 09/11/2013, denied request stating that although it is unclear when the patient's last UDS was performed, there is no evidence of risk or aberrant behaviors that established medical necessity for the UDS. Prior progress reports by [REDACTED], such as the one dated 01/31/13, states the patient was noted to be taking medication on an as needed basis. The progress report dated 11/05/2012 indicates the patient is taking medication as prescribed. In progress report dated 12/13/2012, it was noted patient was only taking 1-2 tablets of Vicodin a week. Urine drug screens are recommended by MTUS for appropriate management of opiates medication and frequent drug screens are recommended when there is misuse of opioids, and in particular, for those at high risk of abuse. MTUS does not specify what "frequent" entails and does not provide guidelines for low risk patients such as this case. ODG, however, recommends once yearly for patients on opiate therapy that are low risk. Review of the current case shows only one UDS obtained over the last one year period. Recommendation is for authorization.