

Case Number:	CM13-0029575		
Date Assigned:	11/01/2013	Date of Injury:	06/16/1996
Decision Date:	02/04/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/27/2013

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, has a subspecialty in Pulmonary Diseases, 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:

The patient is a 65-year-old injured worker with a reported date of injury on 06/16/1996. The patient presented with severe low back pain with radicular pain radiating down the right lower extremity in an L5 distribution. The patient had diagnoses including status post lumbar fusion secondary to work related injury and right-sided L5 radiculopathy which was becoming more severe. The physician's treatment plan included a request for 1 baseline urinary toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 baseline urinary toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. Per the provided documentation, the

patient's medication regimen consisted of Vicodin, Celebrex, and Flexeril. The provider recommended the patient undergo a baseline urinary drug screen and then 1 every 3 months subsequently after the baseline assessment for 4 months to monitor the patient's pain medication use and to assist with tailoring the patient's pain medications. A urine drug screen was performed on 02/27/2013, which was congruent with the patient's prescribed medication regimen. Within the provided documentation, there was no indication of aberrant behaviors or a lack of compliance with the prescribed medication regimen. It was unclear when the patient's last urine drug screen was performed. Additionally, the request submitted did not indicate the date the urine drug screen would be performed on, as the guidelines recommend annual urine drug screening. The request for 1 baseline urinary toxicology screening is not medically necessary and appropriate.