

Case Number:	CM13-0037556		
Date Assigned:	12/18/2013	Date of Injury:	02/21/2002
Decision Date:	02/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Medicine, has a subspecialty in and is licensed to practice in Arizona. 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 70 year old male with DOI on 2/21/2002. Patient has ongoing low back pain with muscle spasm and radiation to the right lower extremity. Patient's pain is maintained on medications including Baclofen, and Percocet. There were no new injuries or accidents and the patient is currently not working. Subjective complaints include low back pain with radiation to right leg, weakness and cramping in right leg, and difficulty with urination and hematuria. On exam, patient had antalgic gait, low back moderate tenderness, muscle spasms, decreased lumbar range of motion. There was a positive straight leg raise on the right, and weakness and hyperesthesia at right L5 dermatome, and absent right Achille's reflex. Diagnoses include s/p L4-L5 laminectomy, low back pain, right leg pain, left rotator cuff repair with frozen shoulder, right knee pain. The patient has been maintained on Percocet for his moderate/severe pain without any evidence of aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Urine drug tests between 09/16/2013 and 12/07/2013 (2 were certified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on his chronic medications. Recent drug screening has also documented compliance. Urine drug screening 4 times a year is not supported by the guidelines or clinical documentation. Therefore, increased frequency of urine drug screening is not medically necessary.