

Case Number:	CM13-0038042		
Date Assigned:	12/18/2013	Date of Injury:	05/30/2003
Decision Date:	02/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/24/2013

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 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:

The patient is a 61 year old male with a date of injury of 05/30/03. Medical records show that the patient complains of chronic multilevel back pain due to history of failed back syndrome and shoulder pain. The patient's pain is maintained on Percocet, Avinza, Zanaflex, Baclofen, Lyrica, Celebrex, and Ambien. Physical exam findings show lumbosacral tenderness, decreased range of motion, and positive straight leg raise test on the right with decreased strength and decreased sensation in right L4-L5 distribution. A urine drug screening was done on 4/11/13, and 8/30/13 which revealed morphine as is consistent with his medications. The medical records do not indicate any aberrant behavior or prior inconsistent drug screen results.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

Decision rationale: CA MTUS supports using drug screening to test for illegal drugs. The Official Disability Guidelines recommend 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. Two urine drug screens have been documented in 2013. Further urine drug screening at this time is not medically necessary.