MAXIMUS Federal Services

Case Number:	CM13-0039174		
Date Assigned:	12/18/2013	Date of Injury:	03/01/2012
Decision Date:	04/23/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery, 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:

This 36-year-old sustained a low back injury on March 3, 2012 lifting a case of salmon, weighing about seventy pounds. The patient subsequently underwent an L4/5 microdiscectomy on July 8, 2013. The August 9, 2013 spine surgeon progress report noted the patient continued to improve, with no significant interim events or new complaints. The patient was released to begin post-operative physical therapy. A routine urine drug screen was performed by the primary treating physician on August 19, 2013. Records indicate that the patient initiated treatment with the PTP (peer to peer review) on July 16, 2012 with subsequent monthly urine drug testing noted in the file. The PTP progress reports since July 16, 2012 document compliance with medication use and do not identify any issues of abuse, addiction, or poor pain control. The most recent urine drug screen was performed July 17, 2013 with opioid medication compliance documented by the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS FOR DRUG SCREENING PURPOSES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 90-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing (UDT)

Decision rationale: Under consideration is a request for urinalysis for drug screening purposes. The California Medical Treatment Utilization Schedule supports the use of drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines provide specific indications for urine drug testing. It is recommended that patients at low risk for adverse outcomes be monitored randomly approximately every 6 months. A three-to-four time per year frequency is recommended for patients at intermediate risk, those undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Guidelines state that those patients at high risk of adverse outcomes may require testing as often as once a month. Guideline criteria have not been met for the use of urine drug testing on August 19, 2013. Urine drug testing had been performed in July 17, 2013 with medication compliance documented. There is no evidence that the patient is at high risk to support the medical necessity on-going monthly testing. Records document medication compliance and adequate post-operative pain control. The request for urinalysis for drug screening purposes is not medically necessary or appropriate.