

Case Number:	CM13-0048681		
Date Assigned:	12/27/2013	Date of Injury:	10/02/1995
Decision Date:	02/20/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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 Pain Management, has a subspecialty in Interventional Spine 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 52-year-old male with date of injury 10/02/1995. Patient has diagnoses of chronic pain syndrome, lumbar radiculitis, lumbar degeneration intervertebral disc, lumbar stenosis, sciatica, and lumbar spondylosis without myelopathy. The patient is status post laminectomy (07/2013, [REDACTED]). According to report by [REDACTED] dated 10/15/2013, patient presents with low back pain radiating to lower extremity and left upper extremity numbness, tingling and burning. Patient was prescribed: Voltaren 1%, Wellbutrin SR 200mg, Ultram ER 200mg, Vicodin ED 7.5mg, Celebrex 200mg, and Zanaflex 4mg. The treater is requesting urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 Random Urine Toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Opiates, steps to avoid misuse/addiction),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Steps to avoid Opiod misuse as well as Section on Drug Testing Page(s): 94-95, 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Guidelines, Chapter for Urine Drug Testing.

Decision rationale: The patient has chronic back pain radiating to his lower extremities. The treater is requesting urine toxicology screening to evaluate for appropriate use of prescription medications. Reports show that urine drug screen was previously authorized on 05/13/2013. While Chronic Pain Medical Treatment Guidelines does not specifically address how frequent UDS's should be obtained for chronic opiate use, for "high risk" opiate abusers, frequent urine drug screens are recommended. The treater has not provided an assessment of risk for this patient's abuse potential. For low risk patients, Official Disability Guidelines recommend once yearly urine screen is recommended following initial screen within the first 6 months. Given that the treater does not describe this patient as a high risk opiate abuser, and that there was a UDS on 5/13/2013, the request for 1 Random Urine Toxicology Screening is not medically necessary.