

Case Number:	CM13-0049162		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2012
Decision Date:	10/08/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 50 year old male with complaints of low back pain, right leg pain, numbness and tingling lower extremities. The date of injury is 6/23/12 and the mechanism of injury is reaching stretching injury as he was reaching in to the trunk of a car which led to his current symptoms. At the time of request for urine drug test, there is subjective (low back pain, right leg pain, numbness lower extremities) and objective (tenderness sciatic notch, antalgic gait, straight leg raise positive on the right) findings, imaging findings (10/22/13 lumbar xrays shows lumbar spondylosis worse at L5/S1, MRI lumbar spine 7/24/12 shows disc bulging L4/5 and L5/S1 and degenerative changes at those levels), diagnoses (lumbosacral radiculitis, lumbar herniated disc without myelopathy, s/p posterior and anterior lumbar fusion), and treatment to date (medications, surgery, physical therapy, chiropractic manipulation, acupuncture, epidural steroids, facet joint rhizotomy, epidural neuroplasty). Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Part of criteria suggested by ODG is to initiate drug testing prior to prescribing opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

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

Decision rationale: Per ODG Treatment Decisions, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Part of criteria suggested by ODG is to initiate drug testing prior to prescribing opioids. In review of the progress notes, there is no mention of any opioid pain medications being prescribed either currently or for future treatment. There is no mention of any issues with patient misuse of medications or history of substance abuse. Therefore, the request for urine toxicology screen is not medically necessary.