

Case Number:	CM13-0051587		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2005
Decision Date:	02/26/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/16/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 09/26/2005, after he assisted a patient with transferring into a van. He reportedly developed low back pain radiating into the spine and neck area. The patient's treatment history included physical therapy, medications, and epidural steroid injections. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical examination revealed bilateral knee complaints rated at a 4/10, and cervical spine complaints rated at a 6/10. The physical findings included limited cervical spine range of motion secondary to pain, limited lumbar spine range of motion secondary to pain, and limited left knee and right knee range of motion secondary to pain. The patient's diagnoses included status post lumbar spine surgery, cervical disc syndrome, bilateral upper extremity radiculitis, low back syndrome, bilateral knee internal derangement, chondromalacia of patella, and bilateral lower extremity radiculitis. The patient's treatment plan included continuation of medications, physical therapy, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43.

Decision rationale: The requested urine toxicology screen is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient was monitored for medication compliance in 01/2013, and then again in 06/2013 and 09/2013. The California Medical Treatment Utilization Schedule recommends the use of drug testing when there is suspicion of illicit drug use or noncompliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient has any aberrant behavior or symptoms of illicit drug use. Additionally, Official Disability Guidelines recommend that patients at low risk for nonadherent behavior be monitored on a yearly basis. The clinical documentation does not support that the patient is at moderate to high risk for nonadherent behavior and would require more than the minimal yearly monitoring. Therefore, the requested urine toxicology screen is not medically necessary or appropriate.