

Case Number:	CM13-0054114		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2008
Decision Date:	03/17/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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, has a subspecialty in Pain Management, 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 46-year-old male who reported an injury on 09/25/2008, due to a fall from a ladder that reportedly caused injury to the patient's low back. The patient ultimately underwent surgical fusion at the L5-S1 with a prosthetic disc. The patient was treated postsurgically with medications, aquatic therapy, acupuncture, psychological support, epidural steroid injections, and physical therapy. The patient's most recent clinical examination findings included limited lumbar range of motion secondary to pain, and no focal deficits in the lower extremities. The patient's pain was rated as a 7/10 with medications, and 10/10 without medications. The patient's medication schedule included hydrocodone/APAP 5/550 mg, trazodone 100 mg, Biofreeze, and Vicodin. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's diagnoses included status post L5-S1 posterior lumbar fusion and status post T10 laminectomy. The patient's treatment plan included a spinal cord stimulator trial, continuation of medications, urine drug screen, and a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urinary drug 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 Page(s): 43.

Decision rationale: The requested random urine drug screen is not medically necessary or appropriate. The MTUS guidelines recommend the use of random drug screens for patients who are suspected of using illicit street drugs or exhibit aberrant behavior. The clinical documentation submitted for review does provide evidence that the employee has been on opioid therapy for an extended duration of time. However, the clinical documentation submitted for review does not support that the employee exhibits any aberrant behavior, signs of over or underuse, or evidence of use of illicit street drugs. Additionally, the Official Disability Guidelines recommend that patients who are at low risk for aberrant behavior be monitored on a yearly basis with urine drug screens. The clinical documentation submitted for review does provide evidence that the employee has had at least 2 urine drug screens that were consistent with medication usage within the past year. Therefore, the need for an additional urine drug screen is not clearly indicated. As such, the requested random urinary drug screen is not medically necessary or appropriate.