

Case Number:	CM13-0058131		
Date Assigned:	12/30/2013	Date of Injury:	03/10/2009
Decision Date:	03/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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 Internal Medicine 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 64 year old male who was injured on 03/10/2009. Mechanism of injury was unknown. Treatment history included two weeks of aquatic pool therapy. Lab report dated 04/09/2013 showed the patient took the following medications: Norco 10/325mg; Ambien 10mg.; Codeine; Morphine; Oxycodone; Oxymorphone; Acetaminophen; Tramadol and Desmethyl Tramadol (these medications were not listed as medications prescribed). A lab report from National Toxicology Laboratories dated 10/19/2012 noted the patient took a urine toxicology test. MRI of the lumbar spine w/o contrast was reviewed. On 10/14/2013 the patient complained of pain in the lower back radiating to the right thigh. Objective findings: Upon exam, the patient was focally tender at the base of the lumbar spine on the right side along the sacroiliac joint. The patient had pelvic irritability with pain and tenderness with FABER and Gaenslen's test on the right, negative on the left. Motor strength testing was otherwise intact. Diagnoses showed adjacent level spondylosis at L3-L4; anterior abdominal incision hernia was ruled out and probable right sided sacroiliitis

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing Every Week For 6 Weeks: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter (Pain) ,Section Urine Drug Testing(UDT).

Decision rationale: As per CA MTUS, urine drug screen is an option for ongoing management if there is an issue with abuse, addiction or poor pain control. The CA MTUS does not address the frequency of drug testing, therefore the ODG was utilized as well. According to the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification. The patient had a positive drug screen on 04/09/2013 which showed 7 drugs that were detected and not prescribed to the patient. This would place the patient into the moderate risk for addiction behavior. Moderate risk patients should be tested 2-3 times a year with confirmatory testing for inappropriate or unexplained results. There is no documentation to show confirmatory testing was performed after the 04/09/2013 screening, further, it was documented on the 10/14/2013 examination that the patient was given medication refills and there was no mention of inappropriate ongoing inappropriate drug use. The request for 6 drug screens within a matter of 6 weeks is outside the limits of the guidelines, therefore the request is not certified.