

Case Number:	CM13-0059879		
Date Assigned:	06/09/2014	Date of Injury:	09/10/2012
Decision Date:	07/14/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 40 year old male who injured his back on 9/10/12. He later developed chronic low back and mid back pain and was diagnosed with thoracic disc disease without radiculopathy and lumbar disc disease without radiculopathy and later myofascial pain syndrome and lumbar sprain. He was treated with oral medications, physical therapy, chiropractor care and later returned to work. A urine drug test was ordered by his treating physician on 10/10/13. On that same day, the worker was seen by his physician complaining of his back pain with occasional numbness and tingling into his left leg. He was continued on his then current regimen of Naprosyn, omeprazole, Neurontin, Terocin ointment, Dendracin ointment, and Flexeril, but no narcotic medications were prescribed or reported as him taking on that visit, according to the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines do, however, state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no record of him using any opioid or narcotic medication, and no evidence was found in the documents provided of him having a qualifying history or of him exhibiting any behaviors that would warrant doing a urine drug test. Therefore, the urine drug screen is not medically necessary.