

Case Number:	CM13-0065524		
Date Assigned:	01/03/2014	Date of Injury:	04/19/2004
Decision Date:	04/18/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 Practice and is licensed to practice in Texas. 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 patient is a 63-year-old female who reported an injury on 04/19/2004. The mechanism of injury was not provided for review. The patient ultimately underwent spinal cord stimulator placement. The patient also took oral opioid based medication for intermittent pain management. The patient's most recent clinical documentation from 09/11/2013 noted that the patient had continued pain in the low back and dysesthesia in the left 2 toes. The patient's treatment plan included adjustment of the spinal cord stimulator. A request was made for four urine toxicology screening every 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR RANDOM, ROUTINE URINE TOXICOLOGY SCREENS AS A BASELINE AND UP TO (4) TIMES PER YEAR OR EVERY (90) DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Urine Drug Screen (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Urine Drug Screens

Decision rationale: The requested random routine toxicology screens as a baseline and up to 4 times a year or every 90 days is not medically necessary or appropriate. Official Disability Guidelines recommend urine drug screening for patients with consistent drug screens that do not exhibit drug seeking aberrant behavior on a yearly basis. The clinical documentation submitted for review does indicate that the patient underwent a urine drug screen in 05/2013 that did provide consistent results with the patient's medication schedule. Therefore, additional urine drug screens in the next year would need to be supported by documentation of aberrant behavior or a physical examination that supports that the patient is suspect of using street drugs. The California Medical Treatment Utilization Schedule recommends drug testing for patients who are at high risk for developing aberrant behavior or suspected of using illicit drugs. As the patient's clinical documentation does not provide any evidence that the patient has had any aberrant or drug seeking behavior since the recent urine drug screen, additional screening would not be supported. As such, the requested random routine urine toxicology screens as a baseline and up to 4 times per year or every 90 days is not medically necessary or appropriate