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| Case Number: | CM13-0066319 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/08/2002 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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 40 year old male with a date of injury of 8/8/12. The listed diagnosis as of 10/24/13 per [REDACTED] is lumbago. According to this report, the patient presents with back pain. He rates his pain 6/10. He also states that his pain has not improved since his last visit. The patient is currently taking Oxycodone and Prilosec. He states that his medication helps. There were no significant findings documented in the physical exam. The treating physician is requesting a 12 panel urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 12 PANEL URINE DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The patient presents with chronic back pain. The treating physician is requesting a 12 panel urine drug test. Records show that the patient had urine drug screening (UDS) from 1/31/13, 2/6/13, and 4/25/13 showing positive illicit drug use. The report dated

10/24/13 documents that the treating physician went ahead and performed a fourth UA before requesting authorization. The current review addresses the UDS obtained on 10/24/13. None of the reports made available for review mention anything about addressing the patient's illicit drug use. Furthermore, the treater continued prescribing opiates despite positive UDS results. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various risk opiate users; however, the Official Disability Guidelines state that patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. Urine drug testing positive for illicit drugs places a patient in a high risk category. In this case, there is no evidence that the treating physician has done anything with the aberrant results. There were three tests with aberrant results that the treating physician has not addressed. The MTUS requires that the treating physician provide monitoring of the patient's progress. Without close monitoring and adjusting the treatment recommendations, there is no reason to keep repeating the same tests. The requested UDS is not medically necessary.