

Case Number:	CM13-0069444		
Date Assigned:	01/03/2014	Date of Injury:	12/23/2009
Decision Date:	04/11/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, 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 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 38-year-old male who reported an injury on 12/23/2009. The mechanism of injury was not submitted. The patient was diagnosed with lumbar disc displacement, lumbar/lumbosacral disc degeneration and sleep apnea. The patient's medications included naproxen sodium, docusate sodium, Effexor XR, Lunesta, Norco 10, Trazodone, and Viagra. The patient had been placed on Paxil and Klonopin during a psychiatric consultation. The patient was noted to be profoundly depressed. The patient had not been authorized for medications that had been requested. The patient was given samples of Cymbalta. The patient complained of intractable mid thoracic, low back and bilateral lower extremity pain that was severe. The patient had difficulty with activities of daily living and self care.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT)

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states drug testing is recommended as an option, using a urine drug screen to assess for the presence or use of illegal drugs. The Official Disability Guidelines go on to state urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The frequency of urine drug testing should be based on documented evidence or risk stratification including use of a testing instrument. The patient complained of back pain with lower extremity pain; however, the documentation submitted for review did not indicate that the patient had risk stratification. Also, the urine drug screen in question was not submitted for review. The retrospective request for a urine drug screen is not medically necessary and appropriate.