

Case Number:	CM13-0071532		
Date Assigned:	01/08/2014	Date of Injury:	07/08/2003
Decision Date:	04/28/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/27/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 50-year-old male who reported an injury on 07/08/2003. The mechanism of injury was not provided for review. The patient's treatment history included physical therapy, epidural steroid injections, and multiple medications to include opioids. The patient was monitored for aberrant behavior with urine drug screen that did have consistent results with the patient's prescribed medication schedule. The clinical documentation also notes that the patient was compliant with signed opioid contract. The patient's most recent point-of-care urine drug screen from 11/2013 did reveal that the patient had consistent results with the prescribed medication schedule. The patient's most recent physical findings included tenderness to palpation of the sacroiliac joints, tenderness over the paraspinal musculature, decreased range of motion secondary to pain and a negative straight leg raising test. The patient's diagnoses included post laminectomy syndrome of the lumbar region, degenerative disc disease, lumbar radiculitis, low back pain, depression, and chronic pain syndrome. The patient's treatment plan included a lumbar epidural steroid injection and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE 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 rationale: The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends drug testing for patients who exhibit symptoms of illicit drug use. The clinical documentation submitted for review does not provide any evidence that the patient has any symptoms of overuse or withdrawal to support the need for a urine drug screen. Additionally, random urine drug screens are recommended for patients who are participating in opioid therapy. The clinical documentation does support that the patient does take medications that require random drug screens. However, the patient's most recent random drug screen in 11/2013 provided consistent results with the patient's medication schedule. Without evidence of drug seeking or aberrant behavior an additional urine drug screen would not be supported. As such, the requested 1 urine drug screen is not medically necessary or appropriate.