

Case Number:	CM14-0009591		
Date Assigned:	01/29/2014	Date of Injury:	07/24/1998
Decision Date:	07/14/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/24/2014

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 Internal Medicine 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:

This is a 60-year-old male with a date of injury on 7/24/98. On 1/8/14, the injured worker presented with low back pain which he rated as a 3 or 4/10 on a pain scale. The injured worker was noted to have tenderness in lumbar spine, with decreased lumbar extension. On 4/29/13, 7/17/13, and 10/18/13, the provider requested urine drug screens. The injured worker was diagnosed with chronic strain of the lumbosacral spine with degenerative disc disease.

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. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, guidelines support up to 4 urine drug screens per year for patients on continued opioid treatment. This patient is noted to be on Norco

and Soma. However, this request is for a urine drug screen. It is unclear if this is for 1 urine drug screen or an unspecified quantity. From the records provided, the provider requested a urine drug screen on 4/29/13, 7/17/13, and 10/18/13. The provider is noted to be requesting urine drug screens to be performed on the next office visit. There is no documentation of prior inconsistent results, concerns regarding misuse, or aberrant behavior. Since this request does not specify how many urine drug screens are being requested, it cannot be substantiated. It is unclear why this patient would need urine drug screen performed on every office visit. Therefore, the request for urine drug screens was not medically necessary.