

Case Number:	CM14-0100082		
Date Assigned:	07/28/2014	Date of Injury:	04/24/2003
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 case of a 46 year old male who worked for [REDACTED] loading trucks, selling bread and cake products from 1999-2003. He had a work related injury on 4/24/2003 while loading a truck, injuring his low back with radiculopathy to both legs. Past treatments included medication, physical therapy, injections, and chiropractic treatment. He underwent back surgery in 2005 and 2007 followed by post surgery physical therapy. Subsequently underwent additional back surgery on 1/28/2013 and currently still complains of low back pain with radiation down both legs. On 5/21/2014, the patient was seen by [REDACTED] for extended consultation and evaluation. The patient still complains of low back pain radiating down into both legs. Motor strength was 5/5 in both lower extremities. There was tenderness to palpation in the back region. There was a positive straight leg raise in both legs. His deep tendon reflexes were 2/2 in the knee and ankle joint and there was light touch sensation present in the lower extremity. He was diagnosed with failed back pain syndrome, history of lumbosacral surgery x 3, lumbosacral radiculopathy, and lumbosacral sprain/strain injury. It was recommended to continue current ibuprofen medication regimen for inflammation and pain control and proceed to electro-acupuncture treatment for persistent pain and discomfort involving the low back and legs. There is now a retrospective request for a new patient urine drug screen for the date 5/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

New patient Urine Drug Screen QTY 1, for date 5/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing page 43 and Opioids, Criteria for Use pages 76-80 Page(s): 43 and 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Section 9792.20 Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Opioid Chapter; Urine Drug Testing.

Decision rationale: Based on the MTUS Chronic Pain Guidelines and the ODG, a urine drug screen is recommended as an option to assess the use or the presence of illegal drugs. The use of 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 test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. In this case, there is no indication or suggestion that the patient is using illicit drugs and the patient is currently not on any opioid/narcotic pain medications. Therefore, the request is not medically necessary and appropriate.