

Case Number:	CM14-0104093		
Date Assigned:	07/30/2014	Date of Injury:	11/01/2001
Decision Date:	10/06/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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:

The injured worker is a 62 year old male who had a work related injury on 11/01/01. Mechanism of injury was not described. The injured worker was diagnosed with spondylolisthesis L5 on S1 and post-operative decompression and fusion L4 through S1. The injured worker continued to have some back pain and bilateral foot pain. Most recent clinical documentation submitted for review was dated 06/03/14 was a poor fax copy. The injured worker complained of low back pain on both sides described as aching, dull, and discomfort. Symptoms were better with lying flat, during the day, and with sleep. Pain is worse when active, motion, and in the morning. Stiffness was worse in the morning. The pain limited a lot of his ability to walk. The injured worker also complained of constant bilateral foot pain described as numbness and tingling, sharp, tenderness and throbbing, aching and stabbing, and occurred during the morning, afternoon evening night and would awaken him from sound sleep because of pain. Current pain scale was 2/10, current bactericidal/permeability increasing protein function was 5.1/10. The injured worker was evaluated on 03/11/14, last urine drug screen date reported as 10/22/13, no evidence of inconsistency. The injured worker was examined again on 04/08/14 the last urine drug screen was 03/11/14 the results were not discussed. Urine drug screen was done on 04/08/14 test was positive for ethanol in addition to prescribed medications including Alprazolam, Clonazepam and opiates MS Contin, OxyContin and Oxycodone.

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 Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain-Urine Drug Testing (UDT)

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

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are 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. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This injured worker as a "low risk", as such medical necessity for a urine drug screen is not substantiated. The request for a Urine Drug Screen is not medically necessary.