

Case Number:	CM14-0105238		
Date Assigned:	09/16/2014	Date of Injury:	11/24/2012
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 72-year-old male who has submitted a claim for therapeutic drug monitoring; associated with an industrial injury date of 11/24/2012. Medical records from 2014 were reviewed and showed that patient complains of pain in the lumbar area radiating to the bilateral extremities. Patient is status post epidural injection performed in 01/2014. Patient has reported excellent pain relief and improvement in function and sleep after the epidural injection. Physical examination revealed limited lumbar ROM due to pain. Patient's gait is slow and restricted. Patient's current medications include Tramadol. Treatment to date has included oral medications and epidural injections. Utilization review, dated 06/24/2014, denied the request for Qualitative and Quantitative Urine Drug Test G0434-Qw X 4 Units/Quantitative: Lab because the patient has had a UDS that is negative for opioids and benzodiazepines. Furthermore, there is no indication that the patient has had any risk factors for drug abuse or use of illegal drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualitative and Quantitative Urine Drug Test G0434-Qw X 4 Units/Quantitative: Lab:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 89, 94.

Decision rationale: As stated on pages 43, 89, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Urine Drug Screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient presents with signs and symptoms of lumbar spine stenosis. Documentation mentioned that the patient is currently on Tramadol (duration unspecified). Medical records did not show any documentation of behavior or symptoms suggestive of misuse of prescription medication. It is likewise unclear why 4 drug screens should be certified at this time. Therefore, the request for Qualitative and Quantitative Urine Drug Test G0434-Qw X 4 Units/Quantitative: Lab is not medically necessary.