

Case Number:	CM14-0106569		
Date Assigned:	07/30/2014	Date of Injury:	12/08/2009
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehabilitation 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 42-year-old female who reported an injury on December 08, 2009. The mechanism of injury was not provided. The injured worker has diagnoses of acute flare up of lumbar radiculopathy left lower extremity and acute flare up of cervical radiculitis. Past treatments were noted to include medications and physical therapy. There were no diagnostic studies provided. The injured worker's surgical history included laminectomy at the bilateral L4-5 on February 05, 2014. On June 04, 2014, the injured worker was seen for neck, low back, and bilateral shoulder pain. The injured worker stated she had no pain and feels better since last visit. The injured worker is to return to full duty work on June 05, 2014. The injured worker had received a urine drug screen on April 24, 2014. That was positive for hydrocodone. The current medications included Lunesta 1mg at bedtime every night, Norco 10/325 one every day, and Voltaren XR 100mg, one every day. The request is for the retrospective urine drug test, performed on June 4, 2014. The rationale is the guidelines recommend screening test for the risk of misuse of prescription opioids and/or aberrant drug behavior prior to initiation opioid therapy and with ongoing therapy. The request for authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Test (DOS 6/4/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary.

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

Decision rationale: The request for urine drug test is not medically necessary. The California MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. It was noted the rationale for urine drug screen is for medication compliance; it was also noted the injured worker had a previous drug screens in April 23, 2014. There is a lack of clinical information indicating the injured worker was at risk for medications misuse or displayed aberrant behaviors. Thus, the drug test would be medically unnecessary. Hence, the request is not medically necessary.