

Case Number:	CM14-0107705		
Date Assigned:	08/01/2014	Date of Injury:	11/16/1996
Decision Date:	08/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of 11/16/96. A utilization review determination dated 7/3/14 recommends non-certification of a retrospective request for a urine drug screen (UDS). 6/12/14 medical report identifies pain and discomfort involving the low back and legs. On exam, there is decreased lumbosacral range of motion and a positive straight leg raise test of an unspecified leg. The patient is using Butrans, Norco, Valium, and ketoprofen cream, and a random urine drug screen test was recommended. The provider noted that they should be performed at least 2-4 times a year. 3/27/14 medical report identifies that a UDS was performed. No subsequent results of this testing were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine drug screen performed on 06/12/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication. A prior UDS was noted to have been performed on 3/27/14, but there is no documentation of the results of the testing and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In the absence of such documentation, the retrospective request for urine drug screen obtained on 06/12/14 is not medically necessary.