MAXIMUS Federal Services

Case Number:	CM14-0108831		
Date Assigned:	08/01/2014	Date of Injury:	07/20/2013
Decision Date:	09/18/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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 and 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:

The injured worker is a 31-year-old individual who sustained an injury on July 20, 2013. The injured worker was pushing a vehicle that had two flat tires and when getting on the ground and looking up at the vehicle he felt a sudden pain in the low back. The patient has diagnoses of chronic low back pain and has tried physical therapy, acupuncture, home exercise program, chiropractic, lumbar support, heating pad, spine injections, and pain medications. The pain medications have included trials of nabumetone, tramadol, hydrocodone, and Motrin. The disputed request is a request for urine toxicology. A utilization reviewer had non-certified this request citing that the patient had undergone urine drug screen on multiple occasions with the most recent on March 11, 2014. There was no documentation of aberrant behavior and therefore the repeat request for a urine drug screen at this interval is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

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

Decision rationale: The most recent progress reports were reviewed including a progress report on January 9, 2014. The patient is documented to be taking Norco 7.5/325 every 6 hours on an as needed basis. On February 11, 2014, the treatment plan includes a request for urine drug testing. A urine drug result liked it on February 26, 2014 detected hydrocodone as appropriate. Hydromorphone was also detected which is an anticipated results with hydrocodone. No illicit substances were detected. The MTUS recommends urine drug testing as a tool for screening for opioid misuse. Frequency is not discussed in these guidelines, and the Official Disability Guidelines does mention that the frequency of testing is guided on respective stratification. In the case of this injured worker, there does not appear to be any high risk factors documented. In fact risk factor assessment with screening tools such as the opioid risk tool is not seen in the submitted documentation. Therefore a frequency of greater than once every 6 months is not indicated. This request is not medically necessary.