

Case Number:	CM14-0013056		
Date Assigned:	06/13/2014	Date of Injury:	01/14/1984
Decision Date:	07/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/31/2014

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, has a subspecialty in Pulmonary Disease and is licensed to practice in California, Florida and New York. 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 66-year-old who reported an injury on January 14, 1984. The mechanism of injury was not provided. On April 21, 2014, the injured worker presented with low back pain that radiated to the bottom bilateral extremities with constant cramping pain to the right posterior leg. Prior treatments included 3 back surgeries, a trial of spinal cord stimulation, pain medications, and physical therapy. Upon examination, there was tenderness noted to the paraspinal region at L4 and painful restricted range of motion. The diagnoses were disorder of trunk, brachial neuritis, lumbar postlaminectomy syndrome, and displacement of lumbar intervertebral disc without myelopathy. The request for a retrospective urine drug screen; the provider stated that a routine random urine drug screen test was used to monitor for compliance. There has been no evidence of impairment or abuse, diversion, or hoarding. The Request for Authorization form was not provided within the medical documents 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 screen: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for a risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behavior, or whether the injured worker was suspected of illegal drug use. The included medical documentation was several dates of urine drug screens performed for the injured worker, and they were all in compliance with the medication regimen given. The retrospective request for a urine drug screen is not medically necessary or appropriate.