MAXIMUS Federal Services

Case Number:	CM14-0110488		
Date Assigned:	08/01/2014	Date of Injury:	03/01/2013
Decision Date:	10/10/2014	UR Denial Date:	06/20/2014
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, 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 37-year-old patient who sustained an industrial injury on 03/01/2013. Diagnoses include muscle spasm back, sprain/strain lumbar, back pain, and situational anxiety. Mechanism of injury occurred when the patient felt symptoms due to repetitive work as a machine operator. Previous treatment has included x-rays, physical therapy, and medications. A request for urine drug screen for toxicology was known certified in utilization review on 06/20/14 with the reviewing physician noting there is no clear detail provided as to why this testing was required or how this would be helpful. There was no detail regarding whether any previous urine drug testing had been done including results and no mention of the patient having aberrant behavior or inappropriate medication use to support testing. Medications include Naprosyn, meloxicam, tramadol, and Orphenadrine, as well as an unspecified topical compound cream. On 04/08/14 the patient presented with complaints of increasing low back pain without improvement. He reported constant pain in the lumbar spine and legs described as sharp, burning and numbness, rated at 10/10. Symptoms were present for 725 days. Patient also complained of myalgia, headaches, sleep disturbance and dyspnea physical examination revealed paravertebral muscle spasm to the thoracolumbar spine with restricted range of motion. Strength, sensation, and reflexes were intact. Straight leg raise was negative. Medications were dispensed. Treatment plan was for a referral to psych secondary to multiple somatic complaints, x-ray of the lumbar spine for muscle spasm, meloxicam for inflammation, Norflex for spasm, and Ultracet for moderate to severe pain. Patient was referred to chiropractic 6 to reduce pain and improve function and strength. On 04/22/14 the patient was prescribed multiple compounding kits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen for Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids steps to avoid misuse/addiction Page(s): 77-80, 84. Decision based on Non-MTUS Citation Official Disability Guideline Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing (UDT)

Decision rationale: MTUS notes that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs and monitor medication compliance. ODG regarding frequency of testing states "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In this case, the injured worker this prescribed opioids; however, records do not identify date or results of prior testing to determine frequency of urine drug screening requested. Additionally, there is no documentation of aberrant behavior, or medication misuse or abuse or any other documentation indicating claimant is at anything other than minimal risk for medication misuse. Taking these factors in consideration, the medical necessity of urine drug screen for toxicology in this case is not established and therefore, the request is non-certified.