

Case Number:	CM14-0122578		
Date Assigned:	08/06/2014	Date of Injury:	07/20/2010
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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:

This 50 year-old female bus driver sustained a low back injury from loading/unloading wheelchairs on 7/20/10 while employed by [REDACTED]. Request under consideration include Random Urine Drug Screening 4 times a year. The patient is s/p lumbar fusion at L4-5, L5-S1 in October 2013 and Right shoulder arthroscopy in December 2013 with recent Right shoulder manipulat in and adhesion debridement on 6/12/14. There was a UDS report on 2/13/14. Report of 7/8/14 from the pain management provider noted patient with constant low back pain rated at 7/10 with associated numbness in bilateral legs. Medications list Norco and Ibuprofen. Exam showed cervical spine spasm and tenderness, lumbar spine spasm and tenderness with reduced lumbar range of motion; decreased left reflex at patella and L4/5 sensory dermatomes. Diagnoses included cervical spin sprain/strain lumbar degenerative disc disease. Treatment included updated MRI of lumbar spine, UDS, and Norco. The request for Random Urine Drug Screening 4 times a year was modified for once a year on 7/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine Drug Screening 4 times a year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Urine drug testing.

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

Decision rationale: This 50 year-old female bus driver sustained a low back injury from loading/unloading wheelchairs on 7/20/10 while employed by [REDACTED]. Request under consideration include Random Urine Drug Screening 4 times a year. The patient is s/p lumbar fusion at L4-5, L5-S1 in October 2013 and Right shoulder arthroscopy in December 2013 with recent Right shoulder manipulation and adhesion debridement on 6/12/14. There was a UDS report on 2/13/14. Report of 7/8/14 from the pain management provider noted patient with constant low back pain rated at 7/10 with associated numbness in bilateral legs. Medications list Norco and Ibuprofen. Exam showed cervical spine spasm and tenderness, lumbar spine spasm and tenderness with reduced lumbar range of motion; decreased left reflex at patella and L4/5 sensory dermatomes. Diagnoses included cervical spine sprain/strain lumbar degenerative disc disease. Treatment included updated MRI of lumbar spine, UDS, and Norco. The request for Random Urine Drug Screening 4 times a year was modified for once a year on 7/25/14. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2010 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Random Urine Drug Screening 4 times a year is not medically necessary and appropriate.