

Case Number:	CM14-0124642		
Date Assigned:	08/08/2014	Date of Injury:	01/16/2007
Decision Date:	09/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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 Occupational 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 29-year-old male with a 1/16/07 date of injury. He injured his lower back when he was lifting heavy steel at work. According to a progress report dated 7/8/14, the patient continued to be symptomatic and has failed conservative care. He has had difficulty with controlling his pain and with remaining compliant with opioid medication. He has previously been self-procuring Vicodin. Objective findings: right lumbar paraspinous tenderness that extends into the right buttock, palpable muscle spasm, restricted lumbar spine ROM, decreased sensation in the right L5 and S1 dermatomes. Diagnostic impression: drug dependence, myospasm, lumbosacral neuritis, lumbosacral disc degeneration. Treatment to date: medication management, activity modification, acupuncture, ESI, massage therapy, physical therapy, TENS unit, trigger point injections. A UR decision dated 7/24/14 denied the request for random urine drug screening 1x a week until surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine Drug Screening 1x a week until surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pain 2014, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. According to the reports reviewed, the patient has had urine drug screens performed on 4/7/14, 6/6/14, 6/23/14, 7/10/14, and 7/18/14. In addition, this is a request for weekly urine drug screening, which is excessive. Guidelines only support up to 4 urine drug screens per year. A specific rationale identifying why weekly urine drug screening is required in this patient despite lack of guideline support was not provided. Therefore, the request for Random Urine Drug Screening 1x a week until surgery is not medically necessary.