

Case Number:	CM14-0135966		
Date Assigned:	09/03/2014	Date of Injury:	08/31/1998
Decision Date:	10/02/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/23/2014

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 Interventional Spine 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 70-year-old female with an injury date of 08/31/1998. Based on the 08/06/2014 progress report, the patient complains of having lumbar spine pain which she rates as a 1/10 with medication. This pain is being described as burning, dull, and aching and radiates to her right hip. The patient's diagnoses include lumbar disk degeneration and lumbosacral spondylosis without myelopathy. The injured worker is currently taking Calcitonin, Flexeril, Lescol, Norco, Colon Formula, and Zoloft. The Utilization Review determination being challenged is dated 08/15/2014. Two treatment reports were provided from 05/08/2014 and 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random quarterly urine toxicology (1 X 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment In Workers Compensation (TWC), Pain Procedure Summary (updated 07/10/2014), Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG guidelines have the following regarding Urine Drug Screen

Decision rationale: MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risk opiate users. The Official Disability Guidelines (ODG) provide clear guidelines of low-risk opiate users. It recommends once yearly urine drug screens following an initial screening within the first six months of management for chronic opiate use. Based on the 08/06/2014 progress report, the patient complains of having lumbar spine pain, which radiates to her right hip. There were no previous urine drug screens provided. There is no assessment to determine at what risk level this patient is for opiate use. It is not clear why the treating physician is requesting for 4-urine toxicology. There is no discussion regarding any concern raised to warrant more frequent UDS to help manage the patient's opiate use. Therefore, the request for Random quarterly urine toxicology, quantity four is not medically necessary and appropriate.