

Case Number:	CM14-0139361		
Date Assigned:	09/05/2014	Date of Injury:	04/07/2009
Decision Date:	10/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 56 year old male who was injured on 04/07/09 when he was hit with a heavy tree branch. Clinical note dated 05/08/14 states the injured worker's initial workup showed compression fracture of the lumbar spine at L1 and L4 as well as disc protrusions in the neck. It is noted the injured worker complains of pain in the neck, mid-back and low back which is worse in the high lumbar area. It is noted the most significant pain is in the mid-back. The injured worker's medications include Lortab which the injured worker reportedly takes about once per day. The injured worker denies tobacco or alcohol use. A urine sample was collected on this date for analysis. Records indicate this test was performed for medication management. The urinalysis report dated 05/20/14 did not reveal inconsistencies with prescription medications or controlled substances. There are no additional clinical notes submitted for review. Records do include an additional laboratory report dated 06/20/14 with a collection date of 06/11/14. A retrospective request for a urine drug screen was submitted on 07/15/14 and was subsequently denied by Utilization Review dated 07/31/14. The UR rationale states, There is no reason to perform confirmatory testing unless the testing reveals inappropriate or unexpected results. In this case, there currently and previously is no evidence noted of aberrant behavior and the claimant is prescribed a stable dose of controlled medication and a prior Urine Drug Test was performed within the last six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT)

Decision rationale: The retrospective request for Urine Drug Screen (dos: 06/20/14) is not recommended as medically necessary. The MTUS supports the use of drug testing to assess for the use or the presence of illegal drugs and to assess compliance and efficacy of prescribed opioids. Records do not indicate the injured worker's treating provider is concerned with the injured worker's use or possible misuse of prescription medications or controlled substances. Records do not indicate the injured worker is at moderate risk or high risk for addiction/aberrant behavior. The ODG 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. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Per this guideline and based on the submitted documentation, this injured worker should undergo urine drug screenings on a once yearly basis. Records indicate the injured worker participated in a urine drug screen on 05/08/14 (lab report date 05/20/14.) This lab report did not reveal inconsistencies that would warrant additional screening. The additional screen, reported on 06/20/14, included testing for an array of medications and substances. Per guidelines, should the treating provider have been concerned about a result, confirmatory testing should have been performed for the questioned drug(s) only. Based on the clinical information provided, medical necessity of the retrospectively requested urine drug screen is not established.