

Case Number:	CM14-0153963		
Date Assigned:	09/23/2014	Date of Injury:	04/02/2013
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Pain Management 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 female patient with a date of injury of April 2, 2013. A utilization review determination dated September 3, 2014 recommends denial of a urine drug screen. A progress note dated August 4, 2014 identifies subjective complaints of constant low back pain, right lower extremity radiculopathy, low back pain rated at a 6/10, and recommendation for a new MRI with surgical consult. Physical examination identifies limited range of motion of the lumbar spine, and positive straight leg raise on the right side. Diagnoses included lumbar disc protrusion with neuroforaminal stenosis, and right lower extremity radiculopathy with a negative EMG/NCV. The treatment plan recommends an MRI of the lumbar spine, pain management consultation due to persistent pain and positive MRI findings, acupuncture 2 times per week for 4 weeks, referral to a neurosurgeon, NIOSH, and a prescription for Methoderm gel. A urine drug screen collected on July 7, 2014 was consistent, no opiates or illicit drugs were present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 7/7/14): Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine drug screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently performed a toxicology test. The patient is not taking pain medication, and there is no documentation of current risk stratification to identify the medical necessity of drug screening. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion, to support repeat testing at the proposed frequency. As such, the currently requested urine drug screen is not medically necessary.