

Case Number:	CM14-0155328		
Date Assigned:	09/25/2014	Date of Injury:	04/10/2005
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiologist, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 56 year old patient had a date of injury on 4/10/2005. The mechanism of injury was from a fall. In a progress noted dated 8/25/2014, the patient complains of low back pain and knee pain. On a physical exam dated 8/25/2014, there was mild discomfort, tenderness in the midline cervical spine and bilateral paraspinal musculature, diminished strength in lower left extremity, and tenderness over left knee at the medial joint line. The diagnostic impression shows lumbar disc bulge, chronic left L5 radiculopathy, left carpal tunnel syndrome. Treatment to date: medication therapy, behavioral modification, surgery. A UR decision dated 8/29/2014 denied the request for urine drug screen 4x/year, stating that there is no mention of noncompliance or misuse of medications. There is no indication that this patient is at high risk for addiction or aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen 4 times per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Initiating Opioid Therapy Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 222-238.

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. Frequency - Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. However, in the documentation provided, this request does not specify the year, or a time period, for which this test it be performed Therefore, the request for urine drug screens 4x/year was not medically necessary.