

Case Number:	CM14-0158852		
Date Assigned:	10/02/2014	Date of Injury:	06/27/2005
Decision Date:	10/29/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain 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 patient with a date of injury of June 27, 2005. A utilization review determination dated September 11, 2014 recommends noncertification of a urine drug screen. A urine drug screen performed on April 25, 2013 appears consistent with the patient's prescribed medications. There is a urine toxicology review dated October 30, 2013. This appears consistent with the patient's prescribed medications. A progress report dated February 5, 2014 identifies subjective complaints of intermittent low back pain, requesting refills of his pain medication. Physical examination findings identify restricted lumbar range of motion. Diagnoses include transitional S1-S2 and disk desiccation at L4-5 and L5-S1. The treatment plan recommends continuing Vicodin, Celebrex, Ambien, Zanaflex, and order a urine drug screen. A urine drug screen dated January 30, 2014 appears consistent with the patient's prescribed medications. A urine toxicology review dated April 28, 2014 appears consistent with the patient's prescribed medications. A progress report dated August 4, 2014 recommends performing a urine drug screen. A progress report dated April 24, 2014 identifies subjective complaints of low back pain which is worse with prolonged activity. The treatment plan recommends performing a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN COLLECTED APRIL 24, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, 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 nonadherent) 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 had recently performed a toxicology test prior to the 4/24/2014 date of service. The provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. As such, the requested Retrospective Urine Drug Screen Collected April 24, 2014 is not medically necessary.