

Case Number:	CM14-0177580		
Date Assigned:	10/31/2014	Date of Injury:	11/24/2003
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 (IW) is a 42-year-old man with a date of injury of November 24, 2003. The mechanism of injury was not documented in the medical record. Pursuant to the progress report dated September 16, 2014, the IW complains of persistent low back pain across the lower region and into the bilateral L5 radicular pattern. The IW has persistent bilateral knee pain. The IW reports that the current medication protocol does maintain the current level of function. With medication, the IW is able to perform activities of daily living. Pain is rated as 5/10 with medications and 8-9/10 without medications. Current medications include: Kadian 60mg, Norco 10/325mg, Neurontin 600mg, Valium, Prilosec, Tagamet, Cymbalta 20mg, Adderall 20mg, Seroquel XR 300mg, Wellbutrin, Abilify, Buspar 30mg, and Cardura 2mg. Physical exam reveals tenderness over the lumbar paraspinal musculature with muscle spasms and taut bands with trigger points. There is limited lumbar spine motion. The IW was awake, alert and sitting appropriately. There was no evidence of medication-induced somnolence. The provider recommends continued use of medications. Documentation indicated that a urine drug screen (UDS) was done at the last visit, and every 3 to 4 months. Last testing was performed June 30, 2014. The UDS was consistent with prescribed medications.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of testing and ongoing monitoring is based on whether the patient/injured worker is at high risk or low risk of addiction. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk should be tested to three times the year with confirmatory testing for inappropriate or unexplained results in patients at high risk may require testing as often as once per month. In this case, the treating physician has been testing the injured patient's urine every 3 to 4 months. There has been no evidence of inconsistency within the urine drug screen and, consequently, the injured worker has been at low risk for addiction/misuse/aberrant behavior. An injured worker at low risk should undergo yearly, urine drug testing for monitoring purposes unless compelling evidence to the contrary presents itself in the medical record. There is no compelling evidence in the record. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, urine drug screen is not medically necessary.