

Case Number:	CM14-0184752		
Date Assigned:	11/12/2014	Date of Injury:	10/01/2012
Decision Date:	12/16/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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 Emergency 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 36 year-old female, who sustained an injury on October 1, 2012. The mechanism of injury occurred from continuous bending and stooping. Diagnostics have included: June 27, 2014 drug screen reported as showing cyclobenzaprine; July 28, 2014 drug screen reported as showing negative results; September 25, 2014 drug screen results reported as showing Tramadol. Treatments have included: medications, physical therapy. The current diagnoses are: lumbar discogenic disease, sciatica, esophageal reflux, insomnia, depression, lumbosacral neuritis. The stated purpose of the request for Retrospective request for a urine drug screen on 10/3/20214 was not noted. The request for Retrospective request for a urine drug screen on 10/3/20214 was denied on October 24, 2014, citing a lack of documentation of suspicion of drug abuse, poor compliance or drug diversion. Per the report dated May 29, 2014, the treating physician noted complaints of low back pain with extension to the left knee, and depression. Exam findings included lumbar paraspinal tenderness, positive Kemp test bilaterally, negative straight leg raising test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a urine drug screen on 10/3/20214: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG -TWC, Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Urine Drug Testing.

Decision rationale: The requested Retrospective request for a urine drug screen on 10/3/20214 is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. ODG - TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The injured worker has low back pain with extension to the left knee, and depression. The treating physician has documented lumbar paraspinal tenderness, positive Kemp test bilaterally, negative straight leg raising test. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of any actions taken regarding the results of drug screening over the past 12 months. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Retrospective request for a urine drug screen on 10/3/20214 is not medically necessary.