MAXIMUS Federal Services

Case Number:	CM14-0022883		
Date Assigned:	05/12/2014	Date of Injury:	11/01/2009
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 is a 56-year-old male who reported an injury on 11/01/2009; the mechanism of injury was not cited within the documentation provided. Within the clinical note dated 01/10/2014 it was noted the injured worker complained of back pain which was described as aching, moderate, and escalated with activities of daily living. Past medical history included an anterior lumbar interbody fusion of the L5-S1 dated 07/24/2013. The injured worker's prescribed medication regimen included Diovan 160/25mg, Levothyroxine 250 mcg, OxyContin 40 mg 1 tablet 3 times a day, Pantoprazole 40 mg, and simvastatin 40 mg. There was no physical examination documented within the 01/10/2014 clinical note. It was noted that a urine toxicology screen collected on 01/10/2014 was positive for opiates, benzodiazepines, and oxycodone. The diagnoses included postlaminectomy syndrome of the lumbar, sciatica, and lumbosacral radiculitis. It was noted that the urine that was collected within the office visit identified opiates, benzodiazepines, oxycodone, and needed confirmation. It was also noted that the injured worker had not exhibited aberrant drug related behavior or any significant side effect to opioid medications. It was noted that the injured worker's analgesic response was acceptable and appropriate. The treatment plan included a refill of OxyContin 40 mg 1 tablet 3 times a day, a request for testosterone level/urine to be sent to precision toxicology as per CLIA Guidelines for quantitative analysis and a follow-up visit in 1 month. The provider's rationale for the request was not indicated within the medical records. The request for authorization for urine toxicology screening (4 times per year) was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREENING X 4 PER YEAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine toxicology screening times four per year is not medically necessary. The California MTUS Guidelines state that drug testing is recommended as an option and may be used to assess for the use or the presence of illegal drugs. In the clinical notes provided for review, it was noted that the injured worker had not exhibited aberrant drug related behavior or any significant side effects related to his prescribed opioid medications. It was noted that the injured worker's analgesic response was acceptable and appropriate. A urine toxicology screen collected on 01/10/2014 was positive for opiates, benzodiazepines, and oxycodone. The provider's rationale for the request was not provided within the medical records. Therefore, the request for a urine toxicology screening times four per year is not medically necessary.