

Case Number:	CM14-0024231		
Date Assigned:	06/11/2014	Date of Injury:	02/25/1968
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational 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 patient is a 68 year old male who was injured on 02/25/1968. The mechanism of injury is unknown. Prior treatment history has included steroid injection which offered very little relief. The patient's medications as of 07/30/2013 included Soma 350 mg, lorazepam 2 mg, Pericolace, hydropap, and Prilosec. Toxicology report dated 07/30/2013 documented lorazepam and Carisoprodol was prescribed but not detected revealing inconsistent results with prescribed therapy. Toxicology report dated 04/13/2013 documented prescribed medications lorazepam and Carisoprodol were not detected. Progress report dated 02/04/2014 documented the patient had a lumbar epidural injection. The patient was diagnosed with disc disease of low back at L2-3 and L3-4 with left L5 root radiculitis, left sacroiliitis. Progress report dated 08/12/2013 (Date reported) (07/30/2013 date collected) reports the patient complained of low back pain with left sciatica to the buttocks and the lateral thigh. Prior utilization review dated 02/10/2014 states retrospective request for 1 urine drug screen, date of service 08/12/2013 is a duplicate request therefore must be modified for medical services provided on 09/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 URINE DRUG SCREEN, DAT EOF SERVICE 8/12/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96.

Decision rationale: CA MTUS guidelines recommend urine drug screen to assess for the use or the presence of illegal drugs. Further guidelines recommend urine drug testing for patient taking opioids on a long-term basis with timing and frequency dependent on risk of abuse or aberrant behavior. This is a request for a urine drug screen for a 68 year old male with chronic low back pain and injury date of 2/25/68. He is taking opioids on a chronic basis. Provided medical records show drug screen results from 3/29/11, 11/6/12, 4/15/13, and 7/30/13. Each of these results is positive for hydromorphone, which does not appear to be prescribed. It is not clear if this is indicative of aberrant behavior as there is no discussion of the results. There is no rationale for timing or frequency of urine drug screens in the provided records nor is there discussion of high risk behavior. Medical necessity is not established.