

Case Number:	CM14-0024644		
Date Assigned:	06/11/2014	Date of Injury:	09/21/2012
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
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 Physical Medicine and Rehabilitation 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 46 year old male who reported an injury on 09/21/2012 after he was unloading metal scraps to the floor. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included activity modifications, physical therapy, a back brace, epidural steroid injections and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker underwent a urine drug screen on 10/07/2013 that did not provide any inconsistent results with the injured worker's medication schedule. The injured worker was evaluated on 10/16/2013. The injured worker's medications included tramadol, Genicin, Somnicin, New Terocin topical pain patch and Gabacyclotram. Physical findings included right flank inflammation. The injured worker's diagnosis included a lumbar spine sprain/strain. A request was made for a chromatography quantitative drug screen on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 QUANTITATIVE CHROMATHOGRAPHY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Screens.

Decision rationale: The MTUS Chronic Pain Guidelines recommends urine drug screens for injured workers who are on opioids to assess for aberrant behavior. However, the clinical documentation does indicate that the injured worker underwent a urine drug screen in 10/2013. There was no documentation of significant aberrant behavior to support the need for an additional urine drug screen in 12/2013. Additionally, the Official Disability Guidelines do not support the use of quantitative drug screening as a form for verifying medication compliance. The clinical documentation fails to identify that the injured worker submitted to a point of contact urine drug screen and required any confirmatory screening beyond what could be provided at the initial level of screening at the doctor's office. As such, the request is not medically necessary or appropriate.