MAXIMUS Federal Services

Case Number:	CM14-0027830		
Date Assigned:	07/02/2014	Date of Injury:	12/05/2010
Decision Date:	08/14/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/05/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Pain Medicine. 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 50-year-old female with a reported injury date on 12/04/2010. The mechanism of injury was not provided. Her diagnoses include herniated lumbar disc with radiculitis, trochanteric bursitis, status post umbilical hernia repair x3, anxiety, depression, and insomnia. A clinical note dated 10/23/2013 noted the injured worker was returning for re-evaluation of pain in the lower back with radicular symptoms into the legs. On physical examination, it was noted that range of motion of the lumbar spine was restricted, and there was tightness in the lumbar paraspinal musculature. The treatment plan included a third lumbar epidural steroid injection, ultrasound of the abdomen, and renewal of her medications, which were noted to include Ultram, Anaprox, and Prilosec. There was no authorization request form provided within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology-Urine Drug Screen Collected 10/23/13, Received 10/24/13 and Reported 11/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter/ "Urine Drug Testing".

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: The request for toxicology - urine drug screen collected 10/23/2013, received 10/24/2013, reported 11/26/2013 is not medically necessary. The California MTUS Guidelines state that urine drug screens may be recommended to assess for the presence of illegal drug use before attempting a therapeutic trial of opioid medications. In addition, the guidelines state that frequent and random urine toxicology screens are recommended to avoid misuse and addiction of opioid medications. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk of addiction/aberrant behavior. This request remains unclear, as there is no mention of a urine drug screen within the treatment plan, and there is no evidence within the documentation of misuse, noncompliance, aberrant behavior, or change in the treatment plan that would justify this request. Additionally, it was noted that the injured worker had been tested for drug compliance just 4 months earlier. There is lack of rational provided as to why the physician would need an additional urine drug screen to be performed, as there is no documentation that the injured worker is being at risk for addiction/aberrant behavior. Furthermore, there is a lack of documentation showing that the injured worker is prescribed opioid medication, or is being tested prior to beginning an initial trial of opioid medications. As such, this requested service is not medically necessary.