

Case Number:	CM14-0038783		
Date Assigned:	06/27/2014	Date of Injury:	03/29/2010
Decision Date:	08/14/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of March 29, 2010. A Utilization Review was performed on March 13, 2014 and recommended non-certification of urine drug test. A Pain Medicine Re-evaluation dated January 27, 2014 identifies Subjective Complaints of low back pain, lower extremity pain bilaterally in the knees. Physical Exam identifies tenderness was noted upon palpation bilaterally in the paravertebral areas L4-S1 levels. The range of motion of the lumbar spine was slightly to moderately limited. Pain was significantly increased with flexion and extension. Tenderness is noted in the bilateral knees. Diagnoses identify lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, chronic pain other, status post prostatectomy, and left total knee arthroplasty. Treatment Plan identifies follow up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine drug test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. The Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The Official Disability Guidelines (ODG) recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation of current risk stratification to identify the medical necessity of drug screening. There is no statement indicating why this patient would be considered to be at risk for opiate misuse, abuse, or diversion. As such, the currently requested urine drug test is not medically necessary.