

Case Number:	CM14-0039738		
Date Assigned:	06/27/2014	Date of Injury:	10/06/2008
Decision Date:	08/19/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 41-year-old male who has submitted a claim for lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, postlaminectomy syndrome of lumbar region, and major depressive disorder; associated with an industrial injury date of 10/06/2008. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 7/10, and bilateral hip pain. Pain is aggravated by prolonged sitting, standing, and walking; and relieved by ice, rest, and physical therapy. Physical examination showed tenderness over the right and left lumbar facets, left buttock, and left lumbosacral region. Spasms were noted over the bilateral lumbar paravertebral muscles. Straight leg raise test was positive on the left. Motor strength was normal. Hyporeflexia of the bilateral patellar reflex was noted. There was diminished sensation over the L5 distribution. Treatment to date has included medications, physical therapy, psychiatric therapy, radiofrequency ablation, and epidural steroid injection. Utilization review, dated 03/24/2014, denied the retrospective request for urine drug screening (date of service 03/12/2014). The reasons for denial were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology-Urine Drug Screen for date of service 3/12/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient can be classified as 'moderate risk' as he has been diagnosed with major depressive disorder since 2013. Urine drug tests have been performed on 02/05/2013 and 05/22/2013, the latest of which was consistent with prescribed medications. Guidelines recommend 2-3 urine drug tests per year, given that the patient is at moderate risk for drug abuse. Therefore, the request for TOXICOLOGY-URINE DRUG SCREEN FOR DATE OF SERVICE 3/12/14 is medically necessary.