

Case Number:	CM14-0046807		
Date Assigned:	07/02/2014	Date of Injury:	08/14/2013
Decision Date:	08/25/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 57-year-old female who has submitted a claim for low back pain associated with an industrial injury date of 08/14/2013. Medical records from 2014 were reviewed and showed that patient complained of low back pain not relieved by current narcotic medication. Physical examination showed that patient had a normal appearance and gait. Range of motion of the lumbar spine was normal but with pain. Deep tendon reflexes were normal. Muscle strength was normal. Sensation was intact. Treatment to date has included medications. Utilization review, dated 04/01/2014, denied the retrospective request for urine drug screen because there was no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. An appeal letter, dated 04/10/2014, states that urine drug screening is recommended to assess for the use of illicit drugs, before a therapeutic trial of opioids, as well as on-going management of opioids differentiation, dependence and addiction, and steps to avoid misuse/addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen: Upheld

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

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 California Medical Treatment Utilization Schedule (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 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. However, the medical records submitted for review failed to show previous urine drug screening. Moreover, the present request as submitted failed to specify the date of service to be reviewed. Therefore, the request for retrospective urine drug screen is not medically necessary.