

Case Number:	CM14-0068653		
Date Assigned:	07/14/2014	Date of Injury:	05/13/2011
Decision Date:	08/21/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 claimant was injured on 05/13/11. Quarterly random urine drug screens are under review. Norco, Cymbalta, and Gabapentin were approved and random drug screening was denied by utilization reviewer on 05/07/14. The claimant injured her low back and also had neuropathic symptoms in the at L5-S1 distribution with left sacroiliac (SI) joint pain. Lumbar radiculopathy was also noted. She had a 3-year course of treatment that included medications, physical therapy (PT), lumbosacral orthosis, SI joint belt, epidural steroid injections (ESIs), and other treatment. A urine drug screen is recommended quarterly. She has undergone urine drug screens with demonstrated compliance and no side effects of medications. She has signed an opioid contract and continues to comply with guidelines. She demonstrates no drug seeking behavior as documented in several notes from late 2013 and early 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine drug screening, once each quarter: Upheld

Claims Administrator 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 (web: updated 4/10/14) Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for quarterly random drug screening. The MTUS guidelines state drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In this case, the claimant's previous drug screens have been reported as showing her to be in compliance with prescribed medications, and no drug-seeking behavior or evidence of possible illegal drug use has been documented. No abnormal behavior or symptoms have been described. The specific indication for ongoing random drug screens has not been stated. It is not clear what benefit these tests will provide to the claimant going forward. The medical necessity of this request for ongoing quarterly random drug tests has not been clearly demonstrated, and it is therefore not appropriate.