

Case Number:	CM14-0070984		
Date Assigned:	07/14/2014	Date of Injury:	09/12/2011
Decision Date:	09/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/16/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 47 year old female who sustained an industrial injury to the neck, back, shoulder and head on 09/12/11 while breaking up an altercation between minors while working as a juvenile institutional officer. Her previous treatment included physical therapy, pain medications and bilateral L4, L5 MBB which worsened her pain. Prior evaluations included MRIs of her back and right shoulder results of which were not available. She was seen on 04/14/14 by the treating provider. She had back pain radiating from low back down both legs, upper back, shoulder, arm and wrist pain. Pain was 5/10 in intensity. She had reported urinary incontinence. Pain was relieved by rest/laying down, medications, heat, elevation and bracing. Pain was worse with walking, prolonged standing, prolonged sitting, reaching, overhead activities, and lifting/carrying less than 10 Lbs. The employee was taking Norco 10/325mg upto 4/day and Soma 350mg 3-4/day. Diagnoses included lumbar radiculopathy. A urine toxicology screening done with a rapid 11-panel urine drug screen was positive for opioids and negative for other drugs. A request was sent for confirmatory urine toxicology testing and bilateral L4, L5 TFESI. A confirmatory testing was requested as the quantity and the subtypes of the medications are not available on a preliminary dip-stick analysis with some false positives and negatives. She was reportedly obtaining her pain medication prescriptions from another physician. According to the note from March 2014, current medication list included Cozaar, Hydrochlorothiazide, Lisinopril, Ambien, Norco, Protonix and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Confirmatory Urine Drug Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines-Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Urine drug testing.

Decision rationale: The employee was being treated for lumbar disc disease and radiculopathy. She was taking Norco and Soma. The Official disability guidelines indicate that confirmatory urine drug testing is recommended when point of contact screening is positive for non prescribed opioids or illicit drugs and when the samples are negative for prescribed drugs. The urine drug screening was positive for opioids which she was taking and negative for other drugs. Hence the need for confirmatory testing is not established. The request for confirmatory urine drug testing is not medically necessary or appropriate.