MAXIMUS Federal Services

Case Number:	CM14-0080266		
Date Assigned:	07/18/2014	Date of Injury:	08/19/2013
Decision Date:	09/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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 36 year old male who was injured on 08/19/2013. The mechanism of injury is unknown. Prior medication history included ibuprofen, Norco and Tramadol. The patient has been treated conservatively with 7 sessions of physical therapy. Progress report dated 04/18/2014 documented the patient to have complaints of persistent pain in the upper back as well as the lower back which he rates as an 8/10, that is constant and the same. He reported the pain radiates to the left leg. He is taking Tramadol which alleviates his pain from an 8/10 to 4/10 and the Motrin helps his pain from 8/10 to 5/10. Objective findings on exam revealed tenderness to palpation over the paraspinals of the thoracic spine, left greater than right. There was hypertonicity on the left of the thoracic spine just below the left scapula. The lumbar spine revealed tenderness over the paraspinal muscles, left greater than right. There was decreased range of motion with flexion at 40 degrees; extension at 10 degrees; bilateral lateral flexion were 10 degrees. Kemp's sign was positive bilaterally and positive straight leg raise on the left at 70 degrees to the posterior thigh. He had normal strength and sensation at L5-S1. Deep tendon reflexes were 2+ bilaterally at patellar and Achilles tendon. Diagnoses are thoracic spine disc protrusion; lumbar sprain; and left lower extremity radicular pain. The patient was recommended for urinalysis at his next visit to assess levels of prescription medication usage. Prior utilization review dated 05/15/2014 states the request for urinalysis is denied due to lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing,Opioids Page(s): 43; 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

Decision rationale: According to MTUS and ODG guidelines, urine drug testing is recommended for patients taking opioids with frequency of testing dependent on patient risk of abuse or aberrant behavior. Annual testing is appropriate for patients at low risk. High-risk patients may need testing as often as monthly. In this case the patient had a urine drug test in October 2013 and another requested in March and April of 2014. However, records do not establish moderate to high risk of abuse or aberrant behavior. Medical necessity is not established for urine drug testing, repeat urine drug testing, at this time.