MAXIMUS Federal Services

Case Number:	CM14-0095456		
Date Assigned:	07/25/2014	Date of Injury:	06/19/2013
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

On June 19, 2013, this worker injured his back while going down stairs carrying a pig, taking a long step and twisting his back. He subsequently developed pain in the back, hip and left leg. He has received pain medications including Norco, chiropractic, physical therapy and transcutaneous electrical nerve stimulation (TENS) unit. A lumbar magnetic resonance imaging (MRI) showed disc degeneration at L3-L4 and L4-L5 with minimal canal and neural foraminal compromise at L4-L5. He has been diagnosed with low back pain, lumbar strain, sacroiliac joint pain and radicular pain. He had a negative urine drug screen on April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen DOS 04/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43 and 74-96.

Decision rationale: Urine drug screening is recommended as an option in chronic pain management to assess for the use or the presence of illegal drugs. Specifically, urine drug screening should be considered to assess for the use or the presence of illegal drugs before

initiating opioid treatment. During treatment, drug screening is indicated with issues of abuse, addiction or poor pain control. In this case, the worker was established with treatment with opioids and his pain was improving at the time the test was obtained. There was no indication from the record that aberrant behavior was evident or that there was any history of abuse or addiction. The urine drug screen result was negative for opioids. However, this does not warrant the order for the drug screen retrospectively. Furthermore, the negative result could have been due to differences in pharmacokinetics rather than non-compliance. Medical necessity for the urine drug screen would be on the basis of other evidence for abuse, addiction, or poor pain control, not retrospectively based on the result of the urine drug screen. Therefore, the request is not medically necessary.