

Case Number:	CM14-0187772		
Date Assigned:	11/18/2014	Date of Injury:	08/06/2013
Decision Date:	01/06/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 48-year old male who suffered a work related injury on 08/06/2013. While picking up wet laundry bag weighing approximately 50 pounds he experienced the onset of pain in his low back. In a physician note dated 10/7/2014, from his pain management consultation, his pain in the low back is rated at 6/10, and the pain is sharp, constant, throbbing and radiating to his bilateral legs to the toes with occasional numbness and tingling sensation and swelling of the left ankle. There is diffuse tenderness noted over the lumbar paravertebral musculature and moderate facet tenderness noted from Lumbar 4- Sacral 1 vertebral levels. He is not working. He has diagnoses of lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and left sacroiliac joint arthropathy. The injured worker has had a Magnetic Resonance Imaging of the lumbar spine, x rays, and has failed conservative treatment consisting of physical therapy, chiropractic manipulative therapy, medications, activity modifications, and a home exercise program. The physician requested left Lumbar 4-Lumbar 5, and left Lumbar 5-Sacral transforaminal epidural steroid injection under fluoroscopy which was approved. The treatment request is for a urine drug screen. On 10/27/2014 Utilization review did not certify the request for a urine drug screen. California MTUS noted that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs and to monitor medication compliance or as a baseline prior to initiation of opioid therapy. Official Disability Guidelines states, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no record of previous testing and the injured worker is taking Naproxen, and there is no indication the injured worker is being considered for opioid therapy. Therefore the request for Urine Drug Screening is not considered medically necessary and is noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is not taking any controlled substances. The provider notes that the patient is taking pain medication in the form of naproxen only according to a note on 10/7/2014. This is the most relevant note, as the provider request a urine drug test in the treatment plan of this note. There is no documentation of controlled substance prescription or documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. As such, the currently requested urine toxicology test is not medically necessary.