

Case Number:	CM14-0191187		
Date Assigned:	11/25/2014	Date of Injury:	06/06/2001
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 Management 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 patient is a 45 year old male with a date of injury of 6/6/2001. The listed diagnoses are lumbar stenosis, lumbar facet arthropathy, and lumbar discogenic spine pain and failed back surgery syndrome. According to progress report 10/10/14, the patient presents with low back pain. The patient's current medication includes Duexis 800-26.6mg, Hydrocodone 5-325mg, ibuprofen, Vicodin 5-500mg and Adderall 20mg. Physical examination of the lumbar spine revealed diffuse tenderness and spasm. There is positive straight leg rises bilaterally and decreased sensation in the left lower extremity. Patient was instructed to continue medications as directed and return to work in 4 weeks. A urine toxicology screen was ordered. Utilization review denied the request on 10/21/14. Treatment reports 6/26/14 through 10/10/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tox screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG; Urine Drug Testing (online version <http://www.odg-twc.com>.)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter, Urine Drug Screen.

Decision rationale: This patient presents with low back pain. The current request is for TOX SCREEN. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. There are 3 progress reports provided for review. Based on the medical file, urine drug screens were requested on 6/26/14 and 10/10/14. The utilization review denied the request stating that multiple urine drug screenings have been requested and the results have not been documented. The provider has not documented that patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. Though ODG and MTUS do support periodic urine toxicology for opiate management, in this case, it appears that the urine drug screens are provided in excess of what ODG allows for low risk patient. Therefore, the request is not medically necessary.