MAXIMUS Federal Services

Case Number:	CM14-0200629		
Date Assigned:	12/10/2014	Date of Injury:	11/20/2010
Decision Date:	01/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 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:

Pursuant to the progress note dated October 9, 2014, the IW had a spinal cord stimulator (SCS) implanted on July 31, 2013. The IW reports he is pleased with the coverage he is receiving from the SCS. The IW reports that he has occasional pain and takes pain medication approximately 3 to 4 times a week. He is currently taking Norco 5/325mg. He is requesting a refill. His last refill of pain medication was 5 months ago in December. A urine drug screen dated October 27, 2014 was consistent with prescribed medications. Examination of the lumbar spine reveals tenderness of the paraspinal region at L4 and the iliolumbar region. The treating physician reports the IW has signed a Pain Management Agreement, and participated in random urine drug testing to monitor compliance. The current request is for urine drug screen dated November 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS; 11/6/2014) urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

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

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective urine drug screen, date of service November 6, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and then cover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust for discontinued treatment. The frequency of urine drug testing is based on whether the patient is a low-risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker takes Norco 5/325 mg one tablet b.i.d. - t.i.d PRN. There is no discussion or documentation in the medical record injured worker is an intermediate or high risk patient for drug misuse or abuse. A urine drug screen was performed on October 27 of 2014 that was consistent with Norco. There was no documentation of any aberrant or drug seeking behavior. There is no clinical indication for performing a repeat urine drug screen on November 6, 2014. Consequently, absent the appropriate clinical indications with supporting documentation, retrospective urine drug screen November 6, 2014 is not medically necessary.