

Case Number:	CM14-0207669		
Date Assigned:	12/19/2014	Date of Injury:	05/22/2013
Decision Date:	02/18/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 injured worker is a 45 year-old male with a date of injury of May 22, 2013. The patient's industrially related diagnoses include sprain/strain of the thoracic spine, thoracic/lumbar neuritis/radiculitis, and a 7 mm disc bulge of the lumbar spine. The disputed issue is a request for a urine drug screen. A utilization review determination on 11/21/2014 had non-certified these requests. The stated rationale for the denial was: "In this case, the claimant has chronic back pain rated 5/10. However, the claimant is not prescribed any opioid medications. The claimant has been taking Ibuprofen for pain. There is no indication that the claimant is at any risk for medication abuse or misuse of any illegal substances. Medical necessity is not supported for a urine drug screen at this time. The requested urine drug screen is not medically necessary and appropriate.

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), Pain procedure summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 that 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 that the treating physician had recently performed a toxicology test. In the progress report dated 9/11/2014, the treating physician indicated that the injured worker was only taking Flexeril, a muscle relaxer, and the urine drug screen result from a specimen collected on 8/14/2014 was negative for Flexeril. However, the injured worker reported taking Flexeril during flare-ups or for breakthrough pain periods only. In the following progress report dated 10/9/2014, the treating physician notes that the injured worker was taking Norco and Flexeril, but there was no documentation indicating that Norco, an opiate pain medication, was prescribed and no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of these issues, the currently requested urine toxicology test is not medically necessary.