

Case Number:	CM15-0005691		
Date Assigned:	01/26/2015	Date of Injury:	07/24/2002
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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: Emergency Medicine

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 50 year old male sustained a work related injury on 07/24/2002. According to a progress report dated 12/19/2014 the injured worker reported left sciatic pain that comes and goes and was better as well as soreness to the low bilateral back. He was not requesting any medication refills. History of present illness included neck pain referred to the bilateral hands, lumbar pain referred to the bilateral legs right greater than left. The injured worker was seen for degenerated disc disease lumbar, chronic pain, lumbar discogenic spine pain, cervical myofascial pain syndrome, lumbar facet arthropathy and radiculopathy. Treatment plan included medication management, Soma, continue home exercise program and follow up in 6 weeks. Work status was permanent and stationary. A urine drug screen was obtained. On 12/31/2014, Utilization Review non-certified urine toxicology screen. According to the Utilization Review physician, there was no indication of aberrant drug behavior. The injured worker was only on Soma which was not included in the 10-panel testing either. Guidelines cited included CA MTUS and ACEOEM. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing Page(s): 43.

Decision rationale: The requested Urine toxicology screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has left sciatic pain that comes and goes and was better as well as soreness to the low bilateral back. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There also is no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, urine toxicology screen is not medically necessary.