

Case Number:	CM15-0100627		
Date Assigned:	06/03/2015	Date of Injury:	09/14/2007
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama,
California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 68-year-old male, who sustained an industrial injury on September 14, 2007. Treatment to date has included TENS unit, medications, and assistive devices. Currently, the injured worker complains of ongoing chronic neck and low back pain. He reports headaches and aching pain in the bilateral shoulders, elbows and hands/wrists. He has aching pain in the bilateral knees and bilateral feet/ankles with associated numbness and pins and needles sensation. He notes that he uses his TENS unit for pain and it helps minimize his pain level and minimize his use of oral medications. On physical examination, the injured worker has tenderness to palpation, spasm and tightness of the paralumbar musculature, reduced range of motion and a mild decreased sensation of L5-S1. A straight leg raise test is positive bilaterally and a sciatic stretch test is positive bilaterally. The diagnoses associated with the request include bilateral knee tendinopathy and chondromalacia with early arthrosis, multi-level cervical and lumbar discopathy, and chronic pain syndrome. The treatment plan includes new TENS unit, Pro-Stim 5.0 unit, a cane, continued medications. A request was received for a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening (retrospective 4/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for Urine toxicology screening is not medically necessary.