

Case Number:	CM15-0100766		
Date Assigned:	06/03/2015	Date of Injury:	10/01/1994
Decision Date:	11/25/2015	UR Denial Date:	05/06/2015
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: California

Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 10-1-94. Medical records indicate that the injured worker is undergoing treatment for lumbar spinal stenosis, lumbar degenerative disc disease, chronic back pain and status-post laminectomy and discectomy. The injured worker was noted to be permanent and stationary. On (4-8-15 and 1-22-15) the injured worker complained of continued low back pain. Examination of the lumbar spine revealed tenderness to palpation over the midline, facet tenderness and spasm. A straight leg raise test and Lasegue's test were positive bilaterally. Range of motion was decreased. Documented treatment and evaluation to date has included medications and home exercise program. Current medications include Norco. The treating physician noted that a screening urinalysis was to be performed to ensure compliance with medications. No aberrant behavior or prior urine drug screen was noted in the medical records. The request for authorization dated 4-24-15 included a request for a urine drug screen. The Utilization Review documentation dated 5-6-15 non-certified the request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The Official Disability Guidelines comment on the use of urine drug testing. In these guidelines urine drug testing is recommended at the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. In this case, the patient had just established his care with a Pain Medicine Clinic. The records indicate that the patient had a history of chronic pain and had been placed on chronic opioid therapy. Further, the records indicate that the patient had undergone counseling as to the potential adverse effects of long-term opioid use. In follow-up, a urine drug screen was performed on 5/20/2015; approximately one month after the clinic visit. The use of a urine drug test under these conditions is appropriate and follows the above cited Official Disability Guidelines. While there was no other evidence of aberrant behavior, it should be noted that the results of the urine drug test were inconsistent with the listed prescribed medication. Specifically, the drug screen showed presence of Dilaudid, a non-prescribed opioid and the presence of marijuana. It would be expected that the outcome of this testing will be addressed in subsequent office visits. However, at this time the requested urine drug screen was appropriate and is medically necessary.