

Case Number:	CM15-0101073		
Date Assigned:	06/03/2015	Date of Injury:	04/07/2002
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old male who reported an industrial injury in April 2002. His diagnoses, and/or impressions, are noted to include: lumbar sprain with radiculopathy; and insomnia. No current imaging studies are noted. His treatments have included medication management with urine toxicology screenings; and rest from work. The progress notes of 12/3/2014 noted complaints of low back pain with radiculopathy pain that is controlled with medication, and functionality that is also controlled with medication. The objective findings were noted to include tenderness to the lumbar para-vertebral spine; decreased strength in the lower extremities; and decreased sensation in the lumbosacral spine. The physician's requests for treatments were noted to include a urine toxicology screening at his next visit on 12/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Tox screen at next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant sustained a work-related injury in April 2002 and continues to be treated for chronic radiating low back pain medications include Norco. Urine drug testing in December 2014, January 2015, and March 2015 was consistent with the medications being prescribed. Criteria for the frequency of urine drug testing include evidence of risk stratification. 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, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. Therefore, this request for another urine drug screening was not medically necessary.