

Case Number:	CM15-0102916		
Date Assigned:	06/05/2015	Date of Injury:	08/22/2000
Decision Date:	07/07/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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 40-year-old female, who sustained an industrial injury on 8/22/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having status post lumbar laminectomy in 2002 and residual low back pain with bilateral lower extremity radicular symptoms, right greater than left. Treatment to date has included diagnostics, physical therapy, L4-5 laminectomy in 2002, and medications. Currently (4/21/2015), the injured worker complains of low back pain and right greater than left lower extremity pain. She continued to work part time with modified duties. Pain was rated 5-6/10 with medication use and 10/10 without. She reported improvement in pain and function with medication use. She had a signed pain contract and demonstrated no drug seeking behavior. Urine drug screening was documented as compliant. Her opioid risk assessment profile demonstrated low risk for opioid abuse. Current medications included Vicodin, Senokot S, and Relafen. The treatment plan included urine drug screening x4 (once each quarter). Urine drug screen (4/21/2015) was inconsistent with reported medications, noting the presence of Meprobamate. A previous PR2 report (2/18/2015) noted the use of Soma and Ambien on a non-industrial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screens, quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (Chronic): Urine drug testing (UDT). (2015).

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 drug screen is not medically necessary.