

Case Number:	CM15-0105326		
Date Assigned:	06/12/2015	Date of Injury:	02/07/2012
Decision Date:	08/12/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 41 year old man sustained an industrial injury on 2/7/2012. The mechanism of injury is not detailed. Diagnoses include lumbar disc prolapse with radiculopathy and lumbar back sprain. Treatment has included oral medications, acupuncture, aquatic therapy, transforaminal epidural steroid injection, and physical therapy. Physician notes from an initial pain management consultation dated 5/18/2015 show complaints of chronic pain in the low back and bilateral legs. Recommendations include urine drug screen, neurosurgery consultation, continue current medications regimen, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient urine drug screening every (90) ninety days and or every three (3) months for one (1) year to lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction- Frequent random urine toxicology screens and Drug testing

Page(s): 94 and 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: Outpatient urine drug screening every (90) ninety days and or every three (3) months for one (1) year to lumbar is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends random urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation does not indicate evidence of objective prior urine drug screen. Furthermore, there is no documentation of aberrant behavior that would necessitate such frequent drug screens. Additionally, the MTUS supports random, not regularly scheduled urine drug testing. For all of these reasons, the request for outpatient urine drug screen is not medically necessary.