

Case Number:	CM15-0105448		
Date Assigned:	06/09/2015	Date of Injury:	04/24/2012
Decision Date:	07/15/2015	UR Denial Date:	05/18/2015
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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 04/24/2012. She has reported injury to the lower back. The diagnoses have included lumbar strain; grade I spondylolisthesis L4-L5 with central and bilateral foraminal stenosis with radiculopathy; degenerative thoracolumbar scoliosis; cervical spondylosis; and thoracic spondylosis. Treatment to date has included medications, diagnostics, hot and cold therapy, physical therapy, and home exercise program. Medications have included Motrin and Mobic. A progress note from the treating physician, dated 04/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued intermittent low back pain that radiates down the back of her left leg to the thigh; she denies any numbness or tingling in her legs; her left leg has given out on her on several occasions; and she has completed a course of physical therapy, which she states only makes her feel more sore. Objective findings included appears mildly uncomfortable, but in no acute distress; arises from seated to standing slowly but without difficulty; gait is normal; lumbar range of motion is moderately restricted with pain in all planes; motor and sensory function of the lower extremities is intact; and urine tox screen was unremarkable for the tested medications. The treatment plan has included the continuation of Mobic and the independent exercise program. Retrospective request is being made for urine drug screen (date of service: 04/09/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine drug screen (DOS) 04/09/15): Upheld

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

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

Decision rationale: The patient presents with continued intermittent low back pain that radiates down the back of her left leg to the thigh. The current request is for Retrospective: Urine drug screen (DOS) 04/09/15. The treating physician states, in a report dated 04/06/15, "04/06/15, Urine Tox Screen: The patient is being evaluated for medication management and/or ongoing medication therapy. A qualitative 12-panel drug screen was administered to the above named patient. The results of this drug screen will be used in part during the next scheduled appointment to determine if a change in the patient's prescription drug therapy is warranted. Urine drug testing (UDT) is used to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances), to diagnose substance misuse (abuse), addiction and/or other aberrant drug-related behavior, to guide treatment, and to advocate for patients. The patient was tested for the following medications: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Ecstasy, Methamphetamine, Methadone, Opiates, Oxycodone, Phencyclidine, Tricyclic Antidepressants, and Marijuana. The study was found to be negative for all of the above medications." (14B) The MTUS Guidelines state, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." However, this is for opiates use and monitoring and this patient is not prescribed any opiates. There would be no reason for a drug screening since opiates are not being prescribed. The current request is not medically necessary.