

Case Number:	CM15-0106285		
Date Assigned:	06/10/2015	Date of Injury:	07/03/2005
Decision Date:	08/12/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/02/2015

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: Preventive Medicine, Occupational 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 51 year old woman sustained an industrial injury on 7/3/2005. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 9/29/2014. Diagnoses include status post lumbar spine surgery, status post negative lumbar diagnostic block, low back pain, anxiety, and depression. Treatment has included oral medications and home exercise program. Physician notes dated 5/5/2015 show complaints of low back pain with radicular symptoms down the bilateral lower extremities. The worker rates her pain 4/10 with medications and 8/10 without medications. Recommendations include Nucynta, Voltaren, Zolof, Trazodone, lumbar spine discogram, urine drug screen, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Random Urine Drug Screen to Lumbar DOS 5/5/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, there is no documentation of a concern for noncompliance or abhorrent behavior. There is no evidence of previous urine drug screens. It is unclear why the physician wants to begin urine drug screen at this time when the injured worker has taken opioids for an extended period without drug screen or evidence of abhorrent behavior. The request for retro random urine drug screen to lumbar DOS 5/5/2015 is not medically necessary.