

Case Number:	CM15-0109176		
Date Assigned:	06/15/2015	Date of Injury:	08/19/2007
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 58 year old female, who sustained an industrial injury on August 19, 2007. The injured worker was diagnosed as having post laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis and lumbago. Treatment to date has included surgery, physical therapy, epidural steroid injection and medication. A progress note dated May 12, 2015 provides the injured worker complains of neck, left shoulder, low back and left leg pain with spasm. She reports increased pain of the low back and left leg and requests repeat epidural steroid injection. Physical exam notes normal gait, decreased lumbar range of motion (ROM). The plan includes magnetic resonance imaging (MRI), home exercise program (HEP), lab work and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 08/19/07 and presents with neck pain, left shoulder pain, low back pain, and left lower extremity pain. The request is for a URINE DRUG SCREEN. There is no RFA provided and the patient's work status is not provided. There are no prior urine drug screens provided for review. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The patient is diagnosed with post laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, and lumbago. As of 03/10/15, the patient is taking Meloxicam, Tizanidine, and Belviq. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. Furthermore, there is no indication of the patient being on any opiates. The requested urine drug screen IS NOT medically necessary.