

Case Number:	CM15-0109752		
Date Assigned:	06/16/2015	Date of Injury:	03/03/2011
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 63 year old female who sustained an industrial injury on March 3, 2011. She has reported ongoing pain to the shoulders, low back, and left hip and has been diagnosed with rule out central peripheral disorder versus multiple sclerosis. The lumbar spine shows normal lumbar lordosis. There was no tenderness, spasms, or trigger points are noted over the paravertebral musculature. Range of motion was within normal limits. Hips showed normal range of motion. There was crepitation with motion of the knees. Bilateral shoulders showed normal range of motion. The treatment request included a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, steps to avoid misuse/addiction Page(s): 77-80; 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. 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. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnosis is ruled out spinal cord tumor. A progress note dated May 14, 2015 contains a handwritten, largely illegible entry. There are no medications documented in the medical record. There are no opiates noted in the medical record. There is no aberrant drug-related behavior, drug misuse or abuse or a risk assessment documented in the medical record. There is no clinical indication or rationale for urine drug testing. Consequently, absent clinical documentation with clinical indication, rationale, current medication list and aberrant drug-related behavior, urine drug testing is not medically necessary.