

Case Number:	CM15-0016935		
Date Assigned:	02/05/2015	Date of Injury:	03/07/2011
Decision Date:	05/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55-year-old male, who sustained an industrial injury on 03/07/2011. Initial complaints and diagnoses reported in relation to the injury on this date were not clearly noted in the submitted records. Treatment to date has included conservative care, medications, conservative therapies, lumbar fusion (01/02/2013) with revision on 01/23/2013), myelogram of the lumbar spine, CT scans of the lumbar spine, brain surgery (2013) due to aneurysm, and abdominal ultrasound. The current progress reports are hand written and difficult to decipher. Currently, the injured worker complains of constant lumbar spine with radiation to the lower extremities that is worsened by active range of motion and activity. Current diagnoses include lumbar spine pain, status post lumbar fusion, and lumbar spondylolisthesis. The treatment plan consisted of toxicology - random urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology - Urine Drug Screen Random Urine Sample, Lower Back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 97.

Decision rationale: Toxicology - Urine Drug Screen Random Urine Sample, Lower Back is medically necessary. Per Ca MTUS guidelines on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients' at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) The patient is taking Norco and Ambien two medications that are addictive and abused. Monitored compliance is required; therefore, the requested services is medically necessary.