

Case Number:	CM15-0132436		
Date Assigned:	07/20/2015	Date of Injury:	07/10/2014
Decision Date:	08/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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, 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 52 year-old female who sustained an industrial injury on 07/10/14. She reported neck and back pain after heavy manual labor. Diagnoses include brachial neuritis not otherwise specified, sprain of neck, sprain lumbar region, and cervical spondylosis. Diagnostic testing and treatments to date have included radiographic imaging of the lumbar spine, urine toxicology screen, physical therapy, and topical/oral pain medication management. In a progress note dated 03/17/15, the injured worker complains of stiffness to the neck, and upper/lower back; her pain was worse after physical therapy. She is taking narcotic, muscle relaxant, and anti-inflammatory medications. Current plan of care includes to obtain random urine drug screen to monitor her compliance with medications. Requested treatments include retrospective review for date of service (DOS): 03/17/15 for toxicology drug screen. The injured worker is currently under temporary total disability. Date of Utilization Review: 06/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for date of service (DOS): 03/17/15 for toxicology drug screen:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Testing Page(s): 76-79.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances. However, there is no notation of when the last previous urine toxicology testing was done. No risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.