

Case Number:	CM15-0134153		
Date Assigned:	07/28/2015	Date of Injury:	11/03/1993
Decision Date:	08/27/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on November 3, 1993. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbago, postlaminectomy syndrome lumbar, sciatica and neuralgia/neuritis. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, medications and exercise. Her TENS unit was noted to reduce pain and muscle spasm. On May 19, 2015, the injured worker complained of ongoing lower back pain. She rated her pain as a 6 on a 1-10 pain scale with medication. A urine drug screen was performed. The treatment plan included medications, physical therapy for reconditioning back muscles two times a week for six weeks and a follow-up visit. On June 23, 2015, Utilization Review non-certified the request for in house urine drug screen, citing Official Disability Guidelines. The medication list include Avinza, Nucynta, Temazepam and Robaxin. The patient has had urine drug screen report on 4/20/15 and it was consistent for Morphine and Temazepam. The patient has had urine drug screen report on 1/27/15 and it was positive for opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen DOS 5-19-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, chronic pain treatment guidelines Page 43 Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/15) Urine drug testing (UDT).

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is: "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument". Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. The patient has had a urine drug screen report on 1/27/15 and it was positive for opiates. The patient has had a urine drug screen report on 4/20/15 and it was consistent for Morphine and Temazepam. A detailed valid rationale for repeating a urine drug screen in a month, in this patient, is not specified in the records provided. A history of substance abuse or a high risk for abusing controlled substances was not specified in the records provided. The medical necessity of the request for Retrospective Urine Drug Screen DOS 5-19-15 is not fully established in this patient.