

Case Number:	CM15-0135969		
Date Assigned:	07/24/2015	Date of Injury:	05/14/2013
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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 37-year-old female who sustained a work related injury May 14, 2013. She lifted a bag of heavy wet linen and felt a sharp hot sensation in her lower back. She was given a back brace and completed five sessions of physical therapy, which did not help. According to a primary treating physician's progress report, dated May 7, 2015, the injured worker presented with throbbing pain, rated 7 out of 10, in her lower back and left buttock. Current medication included Norco, Flexeril, Neurontin, Ambien and Tramadol. Objective findings are documented as; 5'1" and 152 pounds, C5, C6, C7 decreased to 1+ and 2+ bilaterally, L4 and L5 remains decreased to 1+ and 2 + bilaterally. Examination of the lumbar spine revealed; straight leg raise positive in the left at 25 degrees in a seated position, positive Braggard's left, range of motion decreased and painful. She sits antalgic, leaning on her right buttock on a chair, ambulating with the use of a cane, and loss of sensation of the L4-L5 nerve distribution on the left. Diagnoses are status post 2 level discectomy and fusion April 8, 2014, residual S1 radicular symptoms; impingement, left shoulder. At issue, is the request for authorization for (4) urine drug screens. The patient's surgical history includes lumbar surgery on 4/8/15. The patient has had UDS on 11/3/14 that was negative for medications and patient was prescribed for Flexeril, Neurontin, Ambien and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Urine Drug Testing (UDT). (2015).

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) Treatment Index, Pain (updated 07/15/15) Urine drug testing (UDT).

Decision rationale: Request 4 urine drug screen. 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." As per records provided medication lists includes Norco, Tramadol and Ambien. The patient has had UDS on 11/3/14 that was negative for medications and patient was prescribed for Flexeril, Neurontin, Ambien and Tramadol. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like-a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for 4-urine drug screen is medically necessary in this patient.