

Case Number:	CM15-0138001		
Date Assigned:	07/27/2015	Date of Injury:	05/29/2013
Decision Date:	08/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/16/2015

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: Emergency 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:

This is a 43 year old male with a May 29, 2013 date of injury. A progress note dated March 30, 2015 documents subjective complaints (left groin pain secondary to inguinal hernia; lower back pain with radiation into the left lower extremity; intermittent numbness and tingling; right ankle pain), objective findings (antalgic gait; left ankle tenderness; spasm and guarding noted in the lumbar spine), and current diagnoses (disorders of the sacrum; sciatica). Treatments to date have included medications, magnetic resonance imaging of the lumbar spine (November 13, 2013; showed disc degeneration and protrusion with narrowing of the left lateral recess and lateral foramen, and annular fissure with stenosis), and inguinal hernia repair. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included a multi class urine screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine Screening Multi Class (DOS: 03/30/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The requested Retrospective: Urine Screening Multi Class (DOS: 03/30/2015), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing," recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The treating physician has documented subjective complaints (left groin pain secondary to inguinal hernia; lower back pain with radiation into the left lower extremity; intermittent numbness and tingling; right ankle pain), objective findings (antalgic gait; left ankle tenderness; spasm and guarding noted in the lumbar spine), and current diagnoses (disorders of the sacrum; sciatica). The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Retrospective: Urine Screening Multi Class (DOS: 03/30/2015) is not medically necessary.