

Case Number:	CM15-0140963		
Date Assigned:	07/30/2015	Date of Injury:	10/30/2014
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 33 year old male, who sustained an industrial injury on October 30, 2014. He reported an injury to his low and mid back. Treatment to date has included work restrictions, chiropractic therapy, medications, physical therapy and acupuncture therapy. Currently, the injured worker complains of lumbar spine pain which he rates a 4-5 on a 10-point scale. He reports radiation of pain to the right leg and hip. The injured worker also has inguinal hernia pain which he rates a 3 on a 10-point scale. The injured worker's medication regimen includes acetaminophen and codeine for pain. The diagnoses associated with the request include inguinal hernia, lumbosacral neuritis of the legs and lumbar disc displacement. The treatment plan includes continuation of acetaminophen and codeine and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation ACOEM Guidelines, Updated Back Chapter (2007) and Third Edition, pages 111-113; Official Disability Guidelines (ODG), Pain Chapter, Drug Testing, Opioids, screening for risk of addiction (tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127.

Decision rationale: This claimant was injured in 2014. There is still lumbar spine pain. The injured worker's medication regimen includes acetaminophen and codeine for pain. The diagnoses were inguinal hernia, lumbosacral neuritis of the legs and lumbar disc displacement. There is no mention of medication misuse issues. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately not medically necessary under MTUS criteria.