MAXIMUS Federal Services

Case Number:	CM15-0142397		
Date Assigned:	08/03/2015	Date of Injury:	06/22/1987
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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:

The injured worker is a 54 year old male who sustained an industrial injury on 06-22-1987. Mechanism of injury was a result of standing and walking for the last 9 years working murder scenes contributed to his pain. Diagnoses include severe left hip degenerative joint disease, status post left greater trochanter bursitis, left total hip replacement on 07-21-2014, and L4-5 and L5-S1 stenosis; right lower extremity radiculopathy, and L4-5 and L5-S1 facet arthropathy. Treatment to date has included medications, trigger point injections, physical therapy, and recently started a work hardening program. His medications include Percocet, Vimovo, and Prilosec. On 01-23-2015 an unofficial report of a lumbar Magnetic Resonance Imaging revealed L5-S1 mild bilateral stenosis of the lateral recesses and mild bilateral L5 foraminal narrowing caused by a 2.6mm posterior disc bulging with mild bilateral ligamentous thickening-facet arthropathy; L4-5 mild right lateral recess stenosis with a 2.5 posterior disc bulging and mild right greater than left-sided ligamentous thickening -facet arthropathy. No foraminal narrowing is shown at this level. A physician progress note dated 05-19-2015 documents the injured worker complains of pain in the low back that is associated with numbness in the right anterior thigh. He rates his back pain as a 6-8 out of 10 on the Visual Analog Scale without the use of medications, and with medications it is reduced to 3-4 out of 10. His numbness of the anterior thigh is rated as 4-6 out of 10 on the Visual Analog Scale without medications and decreases to a 2-3 out of 10 with medications. He continues to have left hip pain that he rates as 5-9 out of 10 without the use of his medications, and it reduces to a 3-4 out of 10 on the Visual Analog Scale

with medications. He walks with a normal gait. On examination he has decreased sensation on the anterior thigh and a normal motor evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: urine drug screen for dates of service 5/19/2015-5/26/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. 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 Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing" Page(s): 43.

Decision rationale: The requested Retro: urine drug screen for dates of service 5/19/2015-5/26/2015 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 injured worker has pain in the low back that is associated with numbness in the right anterior thigh. He rates his back pain as a 6-8 out of 10 on the Visual Analog Scale without the use of medications, and with medications it is reduced to 3-4 out of 10. 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 or 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, retro: urine drug screen for dates of service 5/19/2015-5/26/2015 is not medically necessary.