

Case Number:	CM15-0143002		
Date Assigned:	08/03/2015	Date of Injury:	10/03/2007
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male who sustained an industrial injury on 10-3-07. The mechanism of injury was unclear. He currently complains of low back pain radiating to both legs; neck and upper extremity pain with headaches. His pain level was 8 out of 10. On physical exam of the cervical spine there was taut and tender muscles with decreased sensation; lumbar spine showed muscle tenderness with decreased range of motion. Medications were Prevacid, Norco, and Lidocaine adhesive patch. He shows functional benefit with Norco. A urine drug screen was done 6-17-15 and was consistent with prescribed medications per 6-17-15 note. Diagnoses include cervical spine fusion; post laminectomy syndrome of cervical region; degeneration of cervical intervertebral disc; brachial neuritis or radiculitis; degeneration of lumbar or lumbosacral intervertebral disc; post laminectomy syndrome of the lumbar spine; thoracic or lumbosacral neuritis or radiculitis, unspecified; osteoarthritis, unspecified; dyspepsia; long term use of medications; depression; anxiety. Treatments to date include back brace; massage wand with little benefit; transcutaneous electrical nerve stimulator unit with benefit; cervical and lumbar epidural steroid injections were not helpful. Diagnostics include cervical MRI (10-25-07) showed prior fusion, spinals tendinosis; lumbar MRI (10-25-07) showed lumbar degenerative disc disease, foraminal narrowing; electromyography revealed neuropathy of the right arm. On 6-30-15 utilization review evaluated a retrospective request for urine drug screen with date of service 6-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine drug screen performed on 6/17/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the patient underwent UDS approximately 5 months prior to the current request and there is no documentation of current risk stratification supporting the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine toxicology test is not medically necessary.