

Case Number:	CM15-0144334		
Date Assigned:	08/05/2015	Date of Injury:	03/25/2013
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 30 year old female, who sustained an industrial injury on March 25, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having disorder of the coccyx not otherwise specified, lumbar disc disorder, low back pain, and sacroiliac pain. Treatment and diagnostic studies to date has included laboratory studies, coccyx injection, medication regimen, x-rays of the lumbar spine, magnetic resonance imaging of the lumbar spine, chiropractic therapy, physical therapy, and use of transcutaneous electrical nerve stimulation unit. In a progress note dated March 04, 2015 the treating physician reports complaints of pain to the low back and coccyx. Examination reveals an antalgic gait, decreased range of motion to the lumbar spine, hypertonicity, spasms, tenderness, and tight muscle bands to the bilateral lumbar paravertebral muscles, positive Faber testing, positive pelvic compression testing, tenderness to the coccyx with guarding, tenderness to the right sacroiliac joint, pain to the coccyx, positive Gaenslen's test, and pain to the right sacroiliac joint with pelvic rocking. The injured worker's medication regimen included Duloxetine HCl and Norco. The injured worker's pain level was rated a 2 out of 10 with the use of his medication regimen and the pain level was rated a 6 out of 10 without the injured worker's medication regimen. The injured worker also noted that she was able to perform activities of daily living with her medication regimen including household tasks and out of the house tasks. The treating physician requested a urine drug screen noting that the injured worker submits periodic urine drug screen and noted citation of Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (UDS) for DOS 5/6/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Steps to Take Before a Therapeutic Trial of Opioids Page(s): 43 and 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Urine drug testing (UDT).

Decision rationale: Urine drug screen (UDS) for DOS 5/6/15 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that when initiating opioids a urine drug screen can be used to assess for the use or the presence of illegal drugs. 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. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. The patient is noted to have adjustment disorder with depressed and anxious mood and a past history of depression. The patient had urine drug testing in March of 2015 which was appropriate for opioids but negative for non-controlled Duloxetine. She had a prior inconsistent test in July of 2014 for opioids. Her 11/6/14 urine drug screen was appropriate. She is not noted to drink alcohol regularly per documentation and drinks approximately 4 times a year socially. There is no evidence of illicit behavior high risk behavior. The ODG states that patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation indicates that that the patient does not have high risk adverse outcomes per documentation therefore another urine drug screen for DOS 5/6/15 is not medically necessary as she has already had 3 prior tests within a year. The request for a urine drug screen DOS 5/6/15 is not medically necessary