

Case Number:	CM15-0147896		
Date Assigned:	08/10/2015	Date of Injury:	01/25/2013
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 38 year old male, who sustained an industrial injury on 1-25-2013. He reported a fall approximately 20 feet resulting in compression fracture of L1. Diagnoses include lumbar strain, radicular pain, lumbar facet joint pain, degenerative disc disease, discogenic pain syndrome, chronic pain syndrome, lumbar compression fracture, myalgia and numbness. Treatments to date include activity modification, back brace, medication therapy, physical therapy, and epidural steroid injections. Currently, he complained of low back pain with radiation to bilateral lower extremities. Pain was rated 7 out of 10 VAS without medication and 3 out of 10 VAS with medication. Current medications included Norco, Flexeril, Effexor ER, Naproxen and Omeprazole. On 3-17-15, the physical examination documented lumbar tenderness, decreased range of motion, and positive straight leg raise bilaterally. The plan of care included ongoing medication management. The appeal requested retrospective authorization for high complexity qualitative urine drug screen by immunoassay method x 9 with alcohol testing, any other method other than breath x 1 from date of service 3-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro high complexity qualitative urine drug screen; immunoassay method x 9 with alcohol testing, DOS: 3/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine testing Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity including one done in July 2014. Based on the above references and clinical history a urine toxicology screen is not medically necessary. Specifically there is also no justification for request for a high complexity analysis with immunoassay based on lack of any false results in the past.