

Case Number:	CM15-0148378		
Date Assigned:	08/11/2015	Date of Injury:	06/13/2010
Decision Date:	09/11/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 sustained an industrial injury on August 13, 2010. The injury was sustained when the injured worker tripped and fell backwards landing on the back. The injured worker previously received the following treatments Norco, Relafen, Tramadol injections, Nabumetone and Colchicine. The injured worker was diagnosed with chronic axial lumbar spine pain. According to progress note of July 1, 2015, the injured worker's chief complaint was chronic lumbar spine pain. The injured worker was currently taking Relafen and Norco for pain. The physical exam noted that the injured worker was ambulating favoring the right lower extremity. The injured worker was having problems with gout in the right knee. The right knee was swollen. There was tenderness over the lumbar spine at bedtime mainly, but the majority of the pain was deep, aching and sometimes sharp. The pain was worse on the left side. The paraspinous muscles were tight and tense. The random urine toxicology testing on July 1, 2015 was positive for Opiates. The last urine drug screen was in November 2014 and was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test (retrospective DOS 07/01/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the injured worker underwent urine drug screen in November 2014, which was consistent. The medical records do not establish concerns with regards to abuse, addiction, poor pain control or the use of illegal drugs to support repeat testing. The request for Urine drug test (retrospective DOS 07/01/15) is therefore not medically necessary and appropriate.