

Case Number:	CM15-0148652		
Date Assigned:	08/11/2015	Date of Injury:	02/02/2007
Decision Date:	09/08/2015	UR Denial Date:	07/28/2015
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: 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 72-year-old male, who sustained an industrial injury on February 2, 2007, incurring low back injuries. He was diagnosed with myofascial pain syndrome, lumbar spine strain, and right lumbosacral radiculopathy and lumbosacral facet syndrome. Treatment included anti-inflammatory drugs, muscle relaxants, neuropathic medications, topical analgesic gel and proton pump inhibitor, epidural steroid injection, and activity restrictions. Currently, the injured worker complained of increased pain in the back with decreased range of motion and increased numbness of the right foot. He complained of decreased sensation in both feet. The treatment plan that was requested for authorization included a urine drug screen (retrospective-with a date of service of July 21, 2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (retrospective DOS 07/21/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Urine Drug Testing.

Decision rationale: Urine drug screen (retrospective DOS 07/21/2015) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The documentation does not indicate that the patient is taking opioids; therefore, the request for urine toxicology is not medically necessary.