

Case Number:	CM15-0149743		
Date Assigned:	08/12/2015	Date of Injury:	01/22/2015
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on January 22, 2015, incurring low back injuries. A lumbar Magnetic Resonance Imaging revealed lumbar disc degeneration. He was diagnosed with a lumbar strain, lumbar disc herniation, lumbar stenosis and radiculopathy with sciatica. Treatment included physical therapy, muscle relaxants, anti-inflammatory drugs, and work restrictions and modifications. Currently, the injured worker complained of persistent low back pain rated 7 out of 10. It was worse with walking and sitting for long periods of time. The pain radiated down both legs. He was noted to have reduced range of motion with tenderness into his buttock. Treatment continued with muscle relaxants and pain medications. The treatment plan that was requested for authorization included a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT), (updated 07/15/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are HNP, cervical spine; degenerative disc disease; and spinal stenosis. The date of injury is January 22, 2015. Request for authorization is July 14, 2015. According to a July 13, 2015 new patient evaluation, subjective complaints include ongoing low back pain that radiates to the bilateral lower extremities. The medication section indicates hypertensive medications are being taken. There are no current medications including opiates or other controlled substances in the progress note. Objectively, there is decreased range of motion and spasm. There is no clinical indication or rationale for a urine drug toxicology screen. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with a clinical indication, rationale, evidence of aberrant drug-related behavior, drug misuse or abuse and a list of current control medications, one urine drug screen is not medically necessary.