

Case Number:	CM15-0160308		
Date Assigned:	08/27/2015	Date of Injury:	12/28/2010
Decision Date:	09/29/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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 68 year old male who sustained a work related injury December 28, 2010. He slipped and fell on the ground onto his right side. He reported immediate pain in the neck back and right arm. Past history included right rhizotomy L2-3 May 20, 2015, lumbar facet medial branch block, right July 30, 2014, and transforaminal epidural steroid injection January 15, 2014, with two days relief, and L4-5 May 22, 2013, with no relief, right shoulder replacement 2013, left knee replacement 2009, hypertension, and depression. He complains of low back, burning pain, rated 6-7 out of 10, and numbness with tingling down the back of his right leg to the calf, and neck pain rated 3-4 out of 10. There is constant aching right shoulder pain, rated 5-6 out of 10. Current medication included Tramadol, Percocet, and Gabapentin. Physician documented a urine drug screen performed during visit returned positive for THC (tetrahydrocannabinol) and Oxycodone. Diagnoses are lumbar spondylosis without myelopathy; lumbar degenerative disc disease; lumbar radiculopathy; lumbar herniated disc; lumbar spinal stenosis; lumbago. Treatment plan included sending urine drug screen to lab for quantitative urine confirmation (injured worker said he took his last Tramadol 3-4 days ago) counseling to wean from Tramadol, continue with gabapentin, refilled Percocet and physical therapy. At issue is the request for authorization for urine drug screening and quantitative confirmation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening and Quantitative Confirmation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Urine drug testing (UDT).

Decision rationale: Urine toxicology 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 ODG states that the test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The request for urine drug screening and quantitative confirmation is not medically necessary as there is no clear documentation on how the results of this testing will change the treatment plan therefore the request is not medically necessary.