

Case Number:	CM15-0160743		
Date Assigned:	08/27/2015	Date of Injury:	12/23/2009
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
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: 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 50 year old male with an industrial injury dated 12-23-2009. Medical record review indicates he was being treated for lumbar spine sprain- strain and right sacroiliac joint sprain. He presents on 07-22-2015 with complaints of worsening low back pain over the "past couple of months." Findings of lumbar spine exam are documented as positive straight leg raising, tender paraspinal and decreased sensation of bilateral lumbar 5- sacral 1. He was not working. Prior treatment included sleep study and medications. The treatment plan included a refill of Ultram ER, Neurontin and Anaprox, back support, pain management consult and a request for routine drug sample. The provider documented there were no aberrant drug-taking behaviors and no adverse side effects. The request for authorization dated 07-22-2015 is for random urine sample. On 08-17-2015 the request for random urine sample was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine sample: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, random urine sample 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 lumbar spine sprain strain; L5-S1 DDD; and right SI joint sprain. The remainder of the diagnoses are illegible. Date of injury is December 23, 2009. Request for authorization is July 22, 2015. There are numerous progress notes in the medical record that are illegible and undated. According to a July 22, 2015 handwritten, illegible progress note, current medications include Ultram, Anaprox and Neurontin. Subjective complaints include lumbar pain. The remainder of the subjective section and examination are illegible. There is no clinical indication or rationale for a urine drug toxicology screen. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, numerous undated and illegible progress notes and no clinical indication or rationale for a urine drug screen, random urine sample is not medically necessary.