

Case Number:	CM15-0163267		
Date Assigned:	08/31/2015	Date of Injury:	12/19/2009
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/19/2015

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: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on 12-19-2009. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed as having cervical spondylosis, thoracic disc herniation, lumbar spondylosis and right shoulder internal derangement. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, injections, epidural steroid injection and medication management. In a progress note dated 4-29-2015, the injured worker complains of pain in the neck, right upper extremity, right shoulder, low back and left knee. Physical examination showed cervical and lumbar spasm and guarding and limited right shoulder range of motion. The treating physician is requesting Retrospective Qualitative urine drug screening date of service: 4-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Qualitative urine drug screening DOS: 4.29.15: Overturned

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 chapter under Urine Drug Testing.

Decision rationale: The current request is for a Retro Qualitative urine drug screening DOS: 4/29/15. The RFA is dated 08/03/15. Treatment to date has included physical therapy, injections, epidural steroid injection and medication management. The patient is permanent and stationary with permanent disability. MTUS pg. 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Per report 4-29-2015, the patient complains of pain in the neck, right upper extremity, right shoulder, low back and left knee. The patient's current medications include Vicodin, Diclofenac and Omeprazole. The treater recommended the patient for a functional restoration program and a UDS was administered. The treater has not provided the patient's risk assessment. Given the patient is undergoing opioid therapy, the request would appear to be indicated. ODG recommends urine drug screens on a yearly basis if the patient is at low risk. There is no indication of prior UDS from 2015 and the one administered on 04/29/15 is within guidelines. This request is medically necessary.