MAXIMUS Federal Services

Case Number:	CM15-0163293		
Date Assigned:	08/31/2015	Date of Injury:	05/28/2013
Decision Date:	09/30/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/20/2015

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 24 year old female, who sustained an industrial injury on 5-28-13. The injured worker has complaints of neck pain and low back pain with radiating pain down to both legs with weakness. Lumbar spine examination reveals decreased range of motion and there is tenderness to the paraspinals and midline and there was positive Kemp's sign bilaterally. There was decreased sensation bilaterally at L4 and L5 but normal sensation bilaterally at S1 (sacroiliac) bilaterally. The diagnoses have included acute cervical strain; multilevel disc disease of the lumbar spine and right knee sprain and strain, resolving. Treatment to date has included tramadol; injections; hot and cold application and transcutaneous electrical nerve stimulation unit. The request was for urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 94-95.

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, urine drug testing 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 cervical strain; thoracic strain; multilevel disc disease lumbar spine; right knee sprain strain resolved; and erectile dysfunction. The date of injury is May 28, 2013. Request for authorization is July 23, 2015. According to a July 8, 2015 progress note, the worker's subjective complaints are neck and low back pain. Tramadol was discontinued due to ineffectiveness. The injured worker takes diclofenac. There are no opiates or controlled substances prescribed. The treating provider's rationale for urine drug toxicology screen is the urine drug screen is part of the pain contract. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment. Based on the clinical information medical record, peer-reviewed evidence-based guidelines and no documentation of aberrant drug-related behavior, drug misuse or abuse, urine drug testing is not medically necessary.