

Case Number:	CM15-0163480		
Date Assigned:	08/31/2015	Date of Injury:	05/15/2000
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male who sustained a work related injury May 15, 2000. Past history included non-industrial elbow arthroscopy and debridement May 2015. According to a primary treating physician's progress report, dated July 1, 2015, the injured worker presented for orthopedic re-evaluation. He complains of lumbar spine pain, rated 6-7 out of 10. He reports taking one-half Norco in the morning and one-half in the afternoon and is doing well. He avoids heavy lifting, stooping, and bending. Objective findings included: normal gait; lumbar spine-slight flattening of the lumbar lordosis, well healed surgical scar posterior lumbar spine region, range of motion; flexion 20 degrees, extension 15 degrees, rotation right 15 degrees, rotation left 10 degrees; and right and left tilt 15 degrees; sciatic nerve compression test is negative. Diagnoses are chronic back pain, status post fusion; knee tendinopathy. Treatment plan included a urinalysis was performed, renew medication, and continue home exercises. At issue, is a request for authorization for a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis (opiate screening). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant has a remote history of a work-related injury in May 2000 and is being treated for low back and right knee pain. Norco is being prescribed. Urine drug screening was performed in March 2015. When seen, he had undergone right elbow arthroscopy on a nonindustrial basis two months before. There was lumbar tenderness with decreased range of motion. There was abnormal sensation. Urine drug screening was repeated. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening less than one year after the previous testing was not medically necessary.