

Case Number:	CM15-0164773		
Date Assigned:	09/02/2015	Date of Injury:	03/28/2011
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/21/2015

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 48 year old male, who sustained an industrial injury on March 28, 2011. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, surgery, chiropractic and acupuncture therapy and toxicology screen. Currently, the injured worker complains of chronic low back pain described as a dull ache associated with numbness and tingling. The injured worker is currently diagnosed with chronic pain syndrome, shoulder pain, post lumbar laminectomy syndrome, low back pain, sciatica, lumbar-thoracic radiculopathy, muscle spasms and myalgia-myositis. His work status is temporary total disability. A progress note dated July 8, 2015 states the injured workers pain is reduced from 7-9 on 10 to 5-6 on 10 with medication. The note also states the injured worker experiences pain relief from chiropractic and acupuncture therapy. The note further states the injured worker is able to experience improved function and ability to engage in activities of daily living from his medication regimen. A urine drug screen (date of service July 14, 2015) is requested to monitor medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology - Urine Drug Screen for date of service 7-14-15 lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 43, 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction and Opioids, steps to avoid misuse/addiction Page(s): 77-80, 94. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: Toxicology - Urine Drug Screen for date of service 7-14-15 lower back is not medically necessary per the MTUS Guidelines. The medical necessity for a urine drug screen is based on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS. The documentation indicates that the patient has had prior inconsistent results on urine drug screening and opioids continued to be prescribed. Given the failed prior urine drug screens and the fact that drug test results are not used to alter the treatment plan, any additional urine drug screens are not medically necessary.