

Case Number:	CM15-0165121		
Date Assigned:	09/02/2015	Date of Injury:	04/15/2011
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/24/2015

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 54-year-old male, who sustained an industrial injury on April, 15, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having bilateral sacroiliac joint radiculitis, lumbar degenerative disc disease, lumbar disc herniation, chronic pain syndrome, thoracic pain, and lumbar pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, electromyogram with nerve conduction study, use of heat and ice, and medication regimen. In a progress note dated July 17, 2015 the treating physician reports complaints or chronic low back pain. Examination reveals an antalgic gait, decreased sensation to the left side, positive bilateral Patrick's sign and Gaenslen's sign, moderate tenderness to the paraspinal muscles, and decreased range of motion to the lumbar spine with complaints of pain. The injured worker's medication regimen included Percocet. The injured worker's pain level was rated a 9 to 10 out of 10 without the use of his medication regimen and rates his pain level a 7 out of 10. The treating physician noted urine toxicology screen was performed on March 27, 2015 that was remarkable for the use of Percocet. The treating physician requested retrospective request for high complexity qualitative urine drug screen by immunoassay method with alcohol testing, any method other than breath with a quantity of 1 with the treating physician noting that urine toxicology was performed on the date of July 17, 2015 to assess for proper opiate medication use and to assess for use of any illicit substances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for high complexity qualitative urine drug screen by immunoassay method with alcohol testing, any method other than breath, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 77-80 and 94.

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, retrospective high complexity qualitative urine drug screen by immunoassay method with alcohol testing, any method other than breath, quantity #1 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 bilateral SI joint radiculitis; lumbar DDD; lumbar disc herniation; chronic pain syndrome; thoracic pain; thoracic strain; osteopenia; lumbar pain and strain; numbness and myalgia. Date of injury is April 15, 2011. Request for authorization is July 29, 2015. According to a July 17, 2015 progress note, there is no request for the high complexity qualitative urine drug screen. The documentation indicates a CURES report was reviewed on June 9, 2015. A March 27, 2015 urine drug screen was consistent and a May 22, 2015 urine drug screen is pending. The treatment plan does not contain a request for the high complexity qualitative urine drug screen. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication for a retrospective high complexity qualitative urine drug screen with alcohol testing and no documentation in the treatment plan with a request for the retrospective high complexity qualitative urine drug screen with alcohol testing, retrospective high complexity qualitative urine drug screen by immunoassay method with alcohol testing, any method other than breath, quantity #1 is not medically necessary.