

Case Number:	CM15-0180091		
Date Assigned:	09/21/2015	Date of Injury:	11/30/2004
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/14/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 58 year old female with an industrial injury dated 11-30-2004. Medical record review indicates she is being treated for possible pseudoarthrosis lumbar 5-sacral 1, status post microdiscectomy lumbar 4-5, regional pain syndrome lower extremities, chronic right leg radiculopathy, chronic intractable pain and failed back syndrome. The progress report dated 07-27-2015 noted the injured worker presented for medication management and a refill of medication. The treating physician documented the injured worker continued to utilize Norco with good benefit. The injured worker was complaining of lower back pain rated as 6-7 out of 10 with medication and 10 out of 10 without medication. Her current medications were Norco, Robaxin and Lidoderm patch. Physical exam performed on 07-27-2015 revealed a mildly antalgic and forward flexed gait pattern. There was no tenderness noted on palpation of lumbar spine. The treating physician documented the injured worker had a signed pain contract on file, had no signs of aberrant behavior and no adverse effects. Documentation also noted the most recent urine toxicology screen was reviewed which was consistent with medication as prescribed. The urine drug screen in the records is dated 04-08-2015. Prior treatments included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for use of urine drug testing.

Decision rationale: CA MTUS supports urine drug testing (UDS) as an option to assess for the use or the presence of illegal drugs. While MTUS Guidelines do not specifically address how frequent the UDS should be obtained from various risk categories of opiate users, ODG provides a clearer guideline for low risk opiate users. It recommends once yearly UDS following initial screening within the first 6 months of management of chronic opiate use. In this case, there is no addiction-related or aberrant behavior noted. There is no mention of suspicious drug use, compliance or drug diversion. The patient appears to be taking the medications as directed. While the records do not provide a risk stratification, the patient appears to be low risk, making only a yearly UDS medically necessary. The patient has had UDS approved in the past, most recently on 4/8/2015 and 7/15/2015, both of which were consistent. Therefore, the request for an additional UDS is not medically necessary or appropriate.