

Case Number:	CM15-0181288		
Date Assigned:	09/22/2015	Date of Injury:	12/09/2013
Decision Date:	10/28/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old male who sustained an industrial injury on 12-9-13. Diagnoses are noted as thoracic spine degenerative disc disease, lumbar spine degenerative disc disease right lower extremity with radicular symptoms, and right tennis elbow. Previous treatment includes medication, injections, e-stim therapy, chiropractic treatment, acupuncture, physical therapy, home exercise, and MRI -thoracic spine 2-27-15. In a progress report dated 8-3-15, the physician notes he is status post sacroiliac joint injection on 7-22-15. Average pain level is reported as 2 out of 10 and at worst was 6 out of 10. It is noted that Tramadol causes dizziness and he prefers to use the cream. It is noted there is medication compliance as prescribed and it is helping with pain. A urine drug screen is checked off as "yes" in the progress note. Tramadol was discontinued and topical cream was continued as needed. A urine toxicology report dated 8-6-15 as collected and 8-13-15 as reported, indicates no drugs were reported and no drugs were detected. Work status is to return to modified duty with restrictions. The requested treatment of quantitative drug testing was non-certified on 8-19-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Drug Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, the injured worker reportedly had a urine drug screen in June 2015 without documented results. Per available documentation, the only opioid the injured worker was prescribed was Tramadol which has been discontinued, therefore, there is no indication for a urine drug screen. The request for Quantitative Drug Testing is determined to not be medically necessary.