

Case Number:	CM15-0188216		
Date Assigned:	10/01/2015	Date of Injury:	02/25/2015
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/24/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 39 year old female with a date of injury on 02-25-2015. The injured worker is undergoing treatment for lumbar discogenic disease L4-5, and morbid obesity. On 03-11-2015 the injured worker has lumbar spine pain that he rated as 6 out of 10 with no radiating symptoms. Norco was prescribed on this date. A physician note dated 03-25-2015 the injured worker has lumbar spine pain rated 3 out of 10 on the pain scale. Norco and NSAIDs are helping with the pain. No red flags symptoms at this time to indicate a need for a referral to a specialist and no need for a Magnetic Resonance Imaging at this time. Physician progress notes dated 06-29-2015, 07-29-2015 and 08-31-2015 documents the injured worker's pain is down and was rated 5-6 out of 10 which is less than it had been at 9 out of 10. Epidural injections have been recommended. There is documentation he has had a Magnetic Resonance Imaging of the lumbar spine but reports are not yet available. The lumbar spine is restricted and at endpoints he has pain in his low back going down his left leg, and left hip. Left leg lift is positive and positive right leg lift is present. He walk with a mildly antalgic limp on his left side. He has decreased pain and touch sensation in the left L3 nerve distribution. He is totally disabled at this time. Treatment to date has included diagnostic studies, medications, chiropractic sessions, physical therapy, and aquatic therapy. Urine drug screens have been done on 05-28-2015, 06-05-2015, 06-29-2015, 07-29-2015, and 09-05-2015. On 09-16-2015 Utilization Review non-certified the request for Retrospective request for one (1) urine drug screen (DOS: 8/31/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) urine drug screen (DOS: 8/31/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case there is no documentation of aberrant/addictive behavior. Urine drug screens are indicated annually. The patient has had 4 drug screens this year. Urine drug screen is not indicated until September 2016. The request should not be authorized.