

Case Number:	CM15-0188341		
Date Assigned:	09/30/2015	Date of Injury:	01/20/2009
Decision Date:	11/09/2015	UR Denial Date:	09/21/2015
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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 male, who sustained an industrial-work injury on 1-20-09. He reported initial complaints of back pain. The injured worker was diagnosed as having chronic low back pain, myofascial pain syndrome, lumbar strain, right sacroiliac joint pain. Treatment to date has included medication and injection to sacroiliac region (greater than 50% relief). Currently, the injured worker complains of continued right sacroiliac joint pain. Meds include Naprosyn, omeprazole, Flexeril, Neurontin, and LidoPro. Drug screen testing was performed on 8-16-13, 10-19-13, 1-21-14, 1-29-14, 6-30-14, 10-15-14, and 6-2-15 that were all negative. Per the primary physician's progress report (PR-2) on 6-2-15, exam noted right sacroiliac joint tenderness, positive Gaenslen's, Faber's test, negative straight leg raise test, decreased lumbar range of motion in all planes by 10 %, positive sensation in buttock, and lumber spasms. The Request for Authorization requested service to include urine drug screen. The Utilization Review on 9-21-15 denied the request for urine drug screen, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009, and Official Disability Guidelines, Pain (Chronic), Urine Drug Testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: According to the cited MTUS guidelines, frequent urine drug testing (UDT) is recommended for those at high risk of opioid abuse. The ODG states that UDT is a tool to monitor compliance with prescribed substances, identify undisclosed substance usage, and uncover diversion of prescribed substances. UDT should be used in "conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." Furthermore, testing should be based on the risk stratification and that "low risk" patients should be tested within six months of therapy start, then yearly. At this time, the injured worker is not taking opioids, there is no indication he will be starting opioids, he does not fit a "high risk" category for addiction/aberrant behavior, and he has had multiple UDTs within the past year. Therefore, based on the records available and guidelines cited, the request for urine drug screen is not medically necessary or appropriate.