

Case Number:	CM15-0192812		
Date Assigned:	10/06/2015	Date of Injury:	05/18/2006
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: Indiana, Michigan, California
 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 73 year old male who experienced a work related injury on May 18, 2006. Diagnoses include lumbar disc herniation, lumbosacral neuritis, lumbar stenosis, lumbar sprain and strain, low back pain, closed fracture of ribs, hip contusion and nonallopathic lumbar lesion. Diagnostics involved a urine drug screen on December 16, 2014 which was positive for tricyclic antidepressants. Another urine drug screen performed on December 23, 2014 was negative for all substances. Treatment consisted of spinal manipulation, ultrasonic EMS infrared treatment and non-narcotic medication. Request is for urine test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Criteria for the use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Urine Drug Testing.

Decision rationale: The injured worker suffered a work related injury on May 18, 2006. The treatment involved medications which, per chart review, did not include controlled substances. MTUS Guidelines state drug testing is recommended as an option to assess for the use or presence of illegal drugs. MTUS Guidelines also recommend drug screening with issues of abuse, aberrant behavior, addiction or poor pain control. ODG recommends that urine drug testing for those at low risk of addiction should be completed once yearly following initial screening within the first 6 months of initiation of therapy in the management of chronic opiate use in low risk cases. There was no data in the records to indicate the injured worker was treated with controlled substances or to indicate addiction risk or aberrant behavior. Consequently, the request for urine testing is not medically necessary and appropriate.