

Case Number:	CM15-0193311		
Date Assigned:	10/07/2015	Date of Injury:	12/02/2011
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 67 year old female, who sustained an industrial injury on December 02, 2011. The injured worker was diagnosed as having lumbar musculoligamentous sprain and strain, lumbar facet syndrome, and left sacroiliac joint arthropathy. Treatment and diagnostic studies to date has included medication regimen, status post right sacroiliac joint rhizotomy and neurolysis, physical therapy, chiropractic therapy, laboratory studies, and home exercise program. In a progress note dated August 18, 2015 the treating physician reports complaints of burning, dull pain to the low back along with sciatic symptoms to the left gluteal muscle. Examination performed on August 18, 2015 was revealing for an antalgic gait to the left, a flare up to the left with heel to toe walk, positive tenderness to the right piriformis muscle, positive piriformis stress testing, right sacroiliac tenderness, positive Fabere's and Patrick testing on the right, positive sacroiliac thrust testing on the right, positive right Yeoman's testing, positive right straight leg raises seated and supine, and decreased range of motion to the lumbar spine. On August 18, 2015 the injured worker's medication regimen included Motrin (since at least January of 2015). The injured worker's pain level on August 18, 2015 was rated a 6 out of 10, but the progress note did not indicate the injured worker's pain level prior to the use of her medication regimen and after the use of her medication regimen to indicate the effects of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with the use of her medication regimen. The medical records provided included a urine toxicology study performed on March 24, 2015 that was revealing for negative results. On August 18, 2015 the treating physician requested

urine toxicology screen to assess the injured worker's compliance with her medication regimen, to assess if the injured worker is receiving medication regimen from multiple physician's, and to assess for use of illicit drugs. On September 17, 2015 the Utilization Review denied the request for a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening #1: 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, Urine Drug testing: Criteria for Use of Drug Testing.

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) pain.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a high risk of addiction including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. In this case, the documentation does not report that the worker is being treated with opioids. A urine drug screen from 3/24/15 was negative. There is no indication in the provided documentation of escalation of pain, aberrant behavior or illicit drug use. Therefore, according to the guidelines, the request for a urine tox screen is not medically necessary.