

Case Number:	CM15-0193320		
Date Assigned:	10/07/2015	Date of Injury:	10/07/2008
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/02/2015

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:

This injured worker is a 66 year old male, who sustained an industrial injury on 10-07-2008. The injured worker was diagnosed as having chronic low back and hip pain. On medical records dated 08-10-2015 the subjective complaints were noted as left hip and buttock pain. Pain radiates to his left groin area. Pain was noted at 8 out of 10 without medication, 5 out of 10 with medication. Objective findings were noted as Patrick's sign is positive on the left, moderate tenderness over the paraspinal muscles and left hip, straight leg raising elicits pain in left hips and groin, limited flexion and extension due to pain. Treatments to date included acupuncture therapy, medication, physical therapy and home exercise program. Urine screening was done 06-29-2015 and 05-01-2015 was consistent with medication regimen. Current medications were listed as Tramadol and Gabapentin. The Utilization Review (UR) was dated 09-15-2015. A request for Retrospective High Complexity Urine Drug Screen with alcohol testing (DOS 05/01/2015) was submitted. The UR submitted for this medical review indicated that the request for Retrospective High Complexity Urine Drug Screen with alcohol testing (DOS 05/01/2015) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective High Complexity Urine Drug Screen with alcohol testing (DOS 05/01/2015):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use. 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 is being treated with Tramadol and urine drug screens are appropriate when prescribed opioids. However, a urine drug screen was performed in February, 2015 and was consistent with prescribed medications. Additionally, there is no documented concern for abuse or other aberrant behavior in this case, therefore, the request for retrospective high complexity urine drug screen with alcohol testing (DOS 05/01/2015) is determined to not be medically necessary.