

Case Number:	CM15-0193473		
Date Assigned:	10/07/2015	Date of Injury:	10/30/2014
Decision Date:	11/16/2015	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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on 10-30-14. The documentation on 6-2-15 noted that the injured workers lumbar spine examination revealed +2-3 tenderness to palpation about the bilateral lumbar paraspinals and sensation was intact to light touch in the bilateral lower extremities. Range of motion tested deferred secondary to pain. The diagnoses have included sprain of neck; cervicgia; lumbago; sprain of lumbar; thoracic or lumbosacral neuritis or radiculitis, unspecified and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included knee brace; crutches; left knee surgery in March 2015; physical therapy; home exercise program; Norco; neurontin and percocet. The documentation noted on 6-2-15 that the injured worker will undergo urine toxicology screening to establish a baseline for medication management. The original utilization review (9-2-15) non-certified 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 Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction, 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 section, and Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screen is not medically necessary. 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. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are cervical spine musculoligamentous sprain strain; cervicgia; lumbago; lumbar spine musculoligamentous sprain strain; lumbar radiculitis versus radiculopathy; and rule out lumbar disc herniation. Date of injury is October 30, 2014. Request for authorization is August 26, 2015. The most recent progress note in the medical record is dated June 2, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization August 26, 2015. A urine toxicology was performed August 18, 2015. Subjectively, the injured worker has ongoing knee symptoms status post three fractures. Current medications include Norco and Percocet. Objectively, there is tenderness to palpation over the lumbar spine paraspinal muscles with an antalgic gait. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. As noted above, there is no contemporaneous clinical documentation on or about the date of request for authorization with a clinical indication and rationale for a urine drug screen. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation with a clinical indication and rationale for a urine drug screen and no aberrant drug-related behavior, drug misuse or abuse, urine toxicology screen is not medically necessary.