MAXIMUS Federal Services

Case Number:	CM15-0193621		
Date Assigned:	10/07/2015	Date of Injury:	03/19/2008
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
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
Certification(s)/Specialty: Emergency 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 59 year old male who sustained an industrial injury 03-09-08. A review of the medical records reveals the injured worker is undergoing treatment for status post lumbar fusion L2-S1with foot drop and weakness in the l4-L5 and to some extent L3 distribution, advanced tricompartmental osteoarthritis bilateral knees, and status post multiple knee surgery bilaterally. Medical records (08-07-15) reveal the injured worker complains of pain in his lower back rated at 3-4/10 at rest and 8-10/10 with activities. There is no mention of pain medications. He also reports partial paralysis in his right leg, "mild" pain in his right knee, and pain and instability in his left knee. The bilateral knee pain is not rated. The physical exam (08-07-15) reveals diffuse paraspinal tenderness L1-S1. His gait is wide based, varus thrust in the right leg. Decreased sensation is noted in the right lateral leg. Prior treatment includes multiple back and bilateral knee surgeries, and medications. The original utilization review (09-09-15) non-certified the request for a 6 panel urine test.

IMR ISSUES, DECISIONS AND RATIONALES

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

6-panel urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, differentiation: dependence & addiction, Opioids,

indicators for addiction, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. 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): Drug testing.

Decision rationale: The requested 6-panel urine drug test , is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has pain in his lower back rated at 3-4/10 at rest and 8-10/10 with activities. There is no mention of pain medications. He also reports partial paralysis in his right leg, "mild" pain in his right knee, and pain and instability in his left knee. The bilateral knee pain is not rated. The physical exam (08-07-15) reveals diffuse paraspinal tenderness L1-S1. His gait is wide based, varus thrust in the right leg. Decreased sensation is noted in the right lateral leg. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, 6-panel urine drug test is not medically necessary.