

Case Number:	CM15-0195513		
Date Assigned:	10/09/2015	Date of Injury:	11/15/2010
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation

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 is a 46 year old male with a date of injury of November 15, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine herniated nucleus pulposus and cervical spine sprain and strain. Handwritten medical records dated July 23, 2015 indicate that the injured worker complained of lumbar spine pain rated at a level of 7 out of 10, and cervical spine pain rated at a level of 5 to 6 out of 10. A handwritten progress note dated August 27, 2015 documented complaints of constant low back pain, and neck pain and stiffness. The physical exam dated July 23, 2015 reveals lumbar spine spasm and decreased range of motion of the lumbar spine. The progress note dated August 27, 2015 documented a physical examination that showed tenderness to palpation of the cervical spine and lumbar spine, positive straight leg raise and decreased range of motion. Portions of the progress notes were difficult to decipher. Treatment has included acupuncture and medications (Norco 10-325mg, Flexeril, and Menthoderm ointment since at least April of 2015). The urine drug screen dated April 30, 2015 showed results that were "Not consistent" with the injured worker's prescribed medications, as did the urine drug screen dated August 27, 2015. The original utilization review (September 9, 2015) non-certified a request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

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) Treatment in Workers Compensation, Online Edition 2015 Chapter: Pain (Chronic).

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 chapter under Urine Drug Testing.

Decision rationale: The current request is for a URINE DRUG SCREEN. The RFA is dated 08/27/15. Treatment has included Lumbar surgery (2012), physical therapy, chiropractic treatments, acupuncture and medications. The patient is TTD. MTUS Guidelines, Drug Testing Section, Page 43 states: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain chapter under Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Per report 08/27/15, the patient presents with of constant low back pain, and neck pain and stiffness. The physical examination revealed lumbar spine spasm and decreased range of motion. Current medications include Norco and Flexeril. The medical file includes a UDS from 04/30/15 which is inconsistent, showing negative for prescribed medications. The treater requested a UDS on report 08/27/15, but did not address the previous inconsistent UDS. ODG does allow for confirmatory testing. Given the negative results from the last screening, a repeat UDS at this juncture is reasonable for opiate management. Therefore, the request is medically necessary.