

Case Number:	CM15-0202204		
Date Assigned:	10/19/2015	Date of Injury:	02/01/2004
Decision Date:	11/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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 51 year old female who sustained an industrial injury on 2-1-04. The medical records indicate that the injured worker is being treated for disc disorder, lumbar spine; lumbar radiculopathy. She currently (9-18-15) complains of low back pain with a pain level without medication at 5 out of 10. Her sleep quality is fair. She reports her medications do not cause her side effects and they enable her to perform activities of daily living and to go to work. On physical exam of the lumbar spine, there was restricted range of motion, spasms and tenderness to palpation bilaterally, positive straight leg raise bilaterally. Treatments to date include medications: Senekot, gabapentin, Terocin Lotion, Ambien CR, Percocet 10-325mg; Soma, ranitidine, Flexeril, Flector patches (inconsistent drug screen for oxycodone, oxymorphone, gabapentin, meprobamate (5-9-11); bilateral L5 transforaminal epidural steroid injection (8-13-14, 5-20-15); right transforaminal epidural steroid injection L5, S1 (2-12-13); bilateral transforaminal epidural steroid injection L5 (3-20-12); bilateral transforaminal epidural steroid injection L5-S1 (7-13-10). The request for authorization was not present. On 10-8-15 Utilization Review non-certified the request for 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 screening (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine 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, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screening (UDS) 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 disk disorder lumbar; and lumbar radiculopathy. The date of injury is February 11, 2004. Request for authorization is September 18, 2015. According to a September 18, 2015 progress note, subjective complaints include low back pain. Pain score with medications is 0/10. Pain score without medication is 5/10. Controlled substances include Percocet 10/325mg, Ambien, and Soma. According to utilization review, the treating provider performed #2 urine drug screens that were both consistent on January 30, 2015 and May 8, 2015, respectively. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale for a repeat urine drug screen. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, #2 prior consistent urine drug toxicology screens and no clinical indication or rationale for a repeat UDS, urine drug screening (UDS) is not medically necessary.