

Case Number:	CM15-0203298		
Date Assigned:	10/20/2015	Date of Injury:	03/25/2013
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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: 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 31 year old female, who sustained an industrial injury on 3-25-13. The injured worker was being treated for disorder of coccyx, lumbar disc disorder, low back pain and sacroiliac pain. On 7-29-15, 9-2-15 and 9-30-15, the injured worker complains of lower backache and coccyx pain, which has decreased since previous visit. She rates the pain 7 out of 10 without medications and 2 out of 10 with medications; it has improved since impar injection of coccyx. She notes her medications are less effective and she continues to work. Physical exam performed on 7-29-15, 9-2-15 and on 9-30-15 revealed tenderness, spasms, hypertonicity and tight muscle band of bilateral paravertebral muscles and tenderness of sacroiliac joint and coccyx with palpation. Urine toxicology report dated 3-4-15 was consistent with medications prescribed. Treatment to date has included oral medications including Norco and Trazodone; and Pennsaid solution, chiropractic treatments, physical therapy and TENS unit (transcutaneous electrical nerve stimulation). The treatment plan included discontinuation of Norco and addition of Vicodin. On 10-6-15 request for retrospective urine drug screen was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Urine drug testing (UDT).

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) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, a urine drug test is being obtained at every visit and there has been no documentation of non-compliance with the prescribed medical regimen or aberrant behavior. Medical necessity for the requested test is not established. The requested test is not medically necessary.