MAXIMUS Federal Services

Case Number:	CM15-0203419		
Date Assigned:	10/20/2015	Date of Injury:	09/02/2011
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
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 49 year old female with a date of injury on 09-02-2011. The injured worker is undergoing treatment for chronic neck pain, cervical radiculopathy, thoracic pain, lumbosacral neuritis, and lumbar degenerative disc disease. Physician progress notes dated 08-05-2015 and 09-02-2015 documents the injured worker presents for medication refill. Her neck and back pain has been persistent. Her leg pain has gotten worse and she has continued weakness. There are muscle spasms in her neck especially at night. On examination her lumbar spine has limited range of motion and tenderness over the paraspinous muscles. She has diffuse lower extremity muscle weakness. She has a decrease in sensation along the lateral calves bilaterally. Her cervical spine range of motion is diminished. She has significant muscle spasms and there is tenderness to the cervical paraspinal muscles. The injured worker has had a urinary drug screen on 06-09-2015, 02-2015, and 11-2014 and they have been consistent. Treatment to date has included diagnostic studies, medications, status post spinal surgery and status post hardware removal, use of a Transcutaneous Electrical Nerve Stimulation unit, cervical and lumbar epidural steroid injections, and physical therapy and home exercises. Current medications include OxyContin, Oxycodone, Adderall, Prozac, Xanax, Wellbutrin XL, Sumavel DosePro, Furosemide, and Estrogen. The Request for Authorization on 09-10-2015 is for an office visit x three, and UDS. On 09-15-2015 Utilization Review non-certified the request for Retrospective urine drug screen (7/8/15)

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (7/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug screen.

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, despite a history of inconsistent screen results the patient's last 4 urine drug screens (8/16/14, 11/24/14, 2/2015, and 6/9/2015) have been consistent with her prescribed medical regimen and without evidence of aberrant behavior. Per the guidelines patient's considered at moderate risk for abuse should be tested 2-3 times per year. There was no documentation provided necessitating a urine drug screen on 7/18/2015. Medical necessity for the requested test was not established. The requested test is not medically necessary.