

Case Number:	CM15-0204882		
Date Assigned:	10/21/2015	Date of Injury:	01/25/2015
Decision Date:	12/10/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This is a 39 year old male with a date of injury of January 25, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain, right knee pain, and disorder of right ankle ligament. Medical records dated May 15, 2015 indicate that the injured worker complained of back pain rated at a level of 3 out of 10, residual pinching pain in the right lower back and buttock, and fingertip soreness. A progress note dated October 1, 2015 documented complaints of moderate lower back pain that radiates throughout the right leg, right knee pain with "Pins and needles", hip pain, and ankle pain. Per the treating physician (October 1, 2015), the employee had work restrictions that included no working from heights or climbing stairs. The physical exam dated May 15, 2015 reveals mild tenderness of the right middle digit distal phalanx and tenderness of the right buttock and right lower lumbar paraspinals. The progress note dated October 1, 2015 documented a physical examination that showed tenderness to palpation of the lumbar paravertebral muscles with spasm tight muscle band, and trigger points, positive straight leg raise test on the right, tenderness to palpation of the right knee medial joint line, patella, and patellar tendon, effusion of the right knee, positive Apply's compression test, swelling of the right ankle, tenderness of the Achilles tendon and medial malleolus, pain with weight bearing, and dysesthesia over the medial right calf. Treatment has included at least twelve sessions of physical therapy and medications (Terocin patches and Motrin). The treating physician documented that a urine drug screen was completed on October 1, 2015. The utilization review (October 12, 2015) non-certified a request for a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine toxicology screening (DOS: 10/01/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, indicators for addiction. 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): Opioids, differentiation: dependence & addiction, Opioids, dealing with misuse & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing problems sleeping; unspecified sexual problems; and pain in the knee, back, hip, and thigh. The worker was not prescribed any restricted medications. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a urine toxicology screening for the date of service 10/01/2015 is not medically necessary.