

Case Number:	CM15-0205550		
Date Assigned:	10/22/2015	Date of Injury:	10/03/2013
Decision Date:	12/03/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 62 year old female who sustained an industrial injury on 10-3-2013. A review of medical records indicates the injured worker is being treated for lumbar strain. Medical records dated 9-16-2015 noted back pain rated an 8 out 10. She has been taking Motrin and while she takes the medication she is fully functional and she works. Physical examination noted tenderness at the L4-5 on deep palpation as well as bilateral posterior superior iliac spine. Range of motion was within normal limits. Straight leg raise test was causing hamstring tightness and low back pain on the right side from sitting position at 25 degrees. Sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Treatment has included Ibuprofen 600mg. Utilization review from dated 10-1-2015 noncertified 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 (UDS), QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute (20th annual edition), 2015; Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, differentiation: dependence & addiction.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was record of having used Norco somewhat regularly leading up to this request, however, how often it was used exactly was not clear in the notes as she recently stated she used only over-the-counter ibuprofen. Previous urine screenings have been normal and no evidence has suggested she was at any risk of abuse (no aberrant behavior, etc.). Therefore, this request for frequent urine drug screening is not medically necessary.