

Case Number:	CM15-0208081		
Date Assigned:	10/27/2015	Date of Injury:	10/07/1994
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 57 year old female who sustained an industrial injury on 10-7-1994. A review of the medical records indicates that the injured worker is undergoing treatment for failed back surgery syndrome of the lumbar spine with L4-5 fusion. According to the progress report dated 4-21-2014, the injured worker complained of persistent low back pain primarily at the right low back through the groin down the leg. She also had left sided pain described as sharp and jabbing. The injured worker reported nausea from Tramadol. She was able to tolerate Zanaflex in small doses. On 5-20-2015, the injured worker continued to complain of back pain. It was noted that she had trouble with Tramadol, but this was the only medication she could tolerate. Objective findings (5-20-2015) revealed a healing right knee scar. She was alert, oriented and cogent. Treatment has included physical therapy and medications (Tramadol since at least 2-2014). The treating physician indicated (4-21-2014) that the urine drug testing result (2-18-2014) was positive for Tramadol without aberrancy. On 2-17-2015, the physician noted that urinalysis on 11-20-2014 and 12-19-2014 was both consistent for Tramadol and urinalysis on 1-19-2015 was negative for Tramadol which was consistent with lack of dispensing medication. On 5-20-2015, the physician noted that urinalysis from 3-19-2015 was consistent. The original Utilization Review (UR) (10-2-2015) denied requests for retrospective urine drug screens 4/21/14, 8/15/14, 10/21/14, 11/20/14, 3/19/15, 5/20/15, 12/19/14, and 1/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen 4/21/14, 8/15/14, 10/21/14, 11/20/14, 3/19/15, 5/20/15, 12/19/14, 1/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: This 57 year old female has complained of low back pain since date of injury 10/7/1994. She has been treated with surgery, physical therapy and medications. The current request is for retrospective urine drug screen 4/21/14, 8/15/14, 10/21/14, 11/20/14, 3/19/15, 5/20/15, 12/19/14 and 1/15/15. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of this lack of documentation and the MTUS guidelines cited above, retrospective urine drug screen 4/21/14, 8/15/14, 10/21/14, 11/20/14, 3/19/15, 5/20/15, 12/19/14 and 1/15/15, is not medically necessary.