MAXIMUS Federal Services

Case Number:	CM15-0208484		
Date Assigned:	10/27/2015	Date of Injury:	10/10/2002
Decision Date:	12/08/2015	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:

The injured worker is a 41 year old male, who sustained an industrial injury on October 10, 2002. He reported low back pain. The injured worker was diagnosed as having lumbar spine disc disease, lumbosacral root lesion, contusion strain and sprain of buttocks and hamstrings and depression. Treatment to date has included diagnostic studies, physical therapy, H-wave, spinal cord stimulator, aquatic therapy, surgery and medication. On February 10, 2015, the injured worker complained of pain to his lumbar spine with increased pain to his left leg. His current pain level was rated as a 2-3 and 5-6 on a 1-10 pain scale. Treatment plan notes stated that he will continue seeing another treating physician for pain management. On October 12, 2015, the injured worker complained of chronic low back pain secondary to post-surgical failed back syndrome. He was noted to continue to utilize Butrans patches as well as Lidoderm patches. With the use of Butrans patches, he reported 40% pain decrease, increasing his tolerance for walking and standing. He reported a reduction in pain from a 9 on a 1-10 pain scale down to a 5 on the pain scale. He was noted to have tried multiple other medications including Darvocet, Ultracet, Oxycodone, Lodine, Ultram, Opana ER, Buprenorphine, Cymbalta, Gabapentin and Norco with side effects or lack of pain relief. Recommendation was made for Butrans patch, Lidoderm and urine drug testing. On October 2, 2015, utilization review denied a request for urine drug screen for date of service 02-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (DOS 2/10/15): Upheld

Claims Administrator 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 testing.

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 41 year old male has complained of low back pain since date of injury 10/10/2002. He has been treated with H wave therapy, surgery, spinal cord stimulation, physical therapy and medications. The current request is for a urine drug screen. 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 the above cited MTUS guidelines and the available medical records, urine drug screen is not medically necessary.