MAXIMUS Federal Services

Case Number:	CM15-0208653		
Date Assigned:	10/27/2015	Date of Injury:	01/27/2012
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 64 year old male who reported an industrial injury on 1-27-2012. His diagnoses, and or impressions, were noted to include: acquired spondylisthesis; lumbosacral spondylosis without myelopathy; and degenerative lumbar or lumbosacral disc disease. No imaging studies were noted. His treatments were noted to include: a qualified orthopedic medical evaluation on 8-29-2013 & supplemental reports on 10-22-2013 & 8-14-2014; a psychiatric agreed medical evaluation on 6-16-2014; an agreed medical evaluation on 3-6-2015, with supplemental report on 5-18-2015; 1st of 2 lumbosacral epidural steroid injections (ESI) (4-12-13); right-sided lumbar medial branch blocks (9-26-14) - effective, & on 9-4-2015; medication management with toxicology studies (7-28-14, 10-27-14, 4-8-15 & 8-25-15); and a return to work. The progress notes of 8-31-2015 reported: continued, constant daily low back pain, rated 5-7 out of 10, tingling in the posterior thighs, right > left, and shooting pain into the sole of the right foot; increased pain with forward bending and rotational movement; that Norco allowed for increased activity, activities of daily living, and to work part-time; and his request to proceed with lumbar "MB" due to persistent pain. The objective findings were noted to include: that an 11 panel urine drug screen was administered which was appropriately positive for opiates and benzodiazepines; no acute distress; a high score on the PHQ-9 depression test; increased pain with lumbar range-of-motion in all planes; positive right straight leg raise; a guarded, stiff gait; and daily low back pain with right radiculopathy. The physician's requests for treatment were noted to include a prescription renewal, noted to include Norco. The Request for

Authorization, dated 8-31-2015 & 9-30-2015, were both noted to include a urine drug screen. The Utilization Review of 10-7-2015 non-certified the request for 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Urine drug testing) 2015.

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) Pain chapter under Urine Drug Testing.

Decision rationale: Based on the 8/31/15 progress report provided by the treating physician, this patient presents with aching, sharp, and constant back pain with numbness/tingling in bilateral posterior thighs, right > left, with shooting pain into the sole of the right foot, as well as bilateral arm pain, with overall pain rated 5/10. The treater has asked for ONE URINE DRUG SCREEN on 8/31/15. The patient's diagnoses per request for authorization dated 8/31/15 are acquired spondylolisthesis and degeneration of lumbar or lumbosacral intervertebral disc. The patient has increased pain with forward bending and rotational movements per 8/31/15 report. The patient does not have a significant surgical history for the back, arms, or legs per review of reports. The patient is s/p prior medial branch blocks on the right with benefit per 7/29/15 report. The patient is currently working part time per 8/31/15 report. MTUS, Drug Testing Section, page 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." The request appears to be retrospective as the patient had a urine drug screen performed on same date as the requesting 8/31/15 report. The treater does not discuss this request in the reports provided. The treater has not provided the patient's risk assessment. Utilization review letter dated 10/8/15 denies request citing 2 prior urine drug screens from 4/8/15 and 4/12/15, and stating that as the patient is considered low risk, multiple tests during the year are not indicated. The treater states in 4/8/15 report that the most recent urine drug screen was consistent with prescribed medications. ODG recommends urine drug screens on a yearly basis if the patient is at low risk. As there is indication of a prior appropriate UDS and no discussion for the necessity of a confirmatory urine drug screen, the current request is not in accordance with guidelines. Hence, the request IS NOT medically necessary.