

Case Number:	CM15-0209965		
Date Assigned:	10/28/2015	Date of Injury:	12/09/2012
Decision Date:	12/09/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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:

The injured worker is a 56 year old, male who sustained a work related injury on 12-9-12. A review of the medical records shows he is being treated for low back and left leg pain. In the progress notes dated 4-28-15 and 5-27-15, the injured worker reports aching low back and left leg pain. He reports intermittent numbness and tingling in left leg. He rates the pain a 3-4 out of 10 with pain medications. He rates the pain an 8 out of 10 without pain medications. On physical exam dated 5/27/15, he has tenderness in lumbar paraspinal muscles. He has pain with palpation of sciatic notches. He has limited lumbar range of motion. Urine drug screen results from 4-14-15 shows it is positive for hydrocodone, Hydromorphone, Morphine and Gabapentin. No documentation of drug side effects, misuse or abuse of medications. Treatments have included oral medications, lumbar epidural steroid injections, H-wave therapy, and home exercises. Current medications include MS Contin, Gabapentin, Ibuprofen and Effexor XR. He is not working. The treatment plan includes requests for medication refills and a urine drug screen. The Request for Authorization dated 5-27-15 has a request for a urine drug screen. In the Utilization Review dated 10-20-15, the requested treatment of a retrospective urine drug screen for date of service is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine drug screen. DOS: 5/27/15: 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), Pain, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS done in April 2015 with current request for May 2015. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Retro urine drug screen. DOS: 5/27/15 is not medically necessary or appropriate.