

Case Number:	CM15-0023906		
Date Assigned:	03/25/2015	Date of Injury:	06/11/1997
Decision Date:	05/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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 54 year old female, who sustained an industrial injury on June 11, 1997. The injured worker had reported a low back injury. The diagnoses have included chronic pain syndrome and status post lumbar fusion. Treatment to date has included medications and lumbar surgery. Current documentation dated December 4, 2014 notes that the injured worker complained of mid back, low back and left leg pain. The pain was noted to be unchanged from the prior visit. The injured workers medication regime reduced her pain level significantly and helped improve functional independence. The documentation notes that the injured worker showed no aberrant drug behaviors and used the medications as prescribed. The treating physician's recommended plan of care included a retrospective urine drug screen processed and reviewed on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine drug screen DOS: 3/16/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, differentiation, dependence & addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: This patient has a date of injury of 02/08/00 and is status post lumbar surgery from January 2015. The current request is for Retrospective Request For Urine Drug Screen Dos 3/16/14. The MTUS Guidelines page 76 under opiate management: J. "Consider the use of urine drug test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. There is no discussion regarding this patient being at risk for aberrant behaviors. The patient's medication regimen includes Zanaflex, Fentanyl patch and Percocet. The Utilization review denied the request stating that "there is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescriptions medications." There is no indication of prior Urine drug screening and ODG Guidelines allow for once yearly urine drug screens for low-risk patients that are on an opiate regimen. This request is medically necessary.