

Case Number:	CM15-0026699		
Date Assigned:	02/19/2015	Date of Injury:	12/10/2008
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 42 year old male, who sustained an industrial injury on December 10, 2008. He has reported a back injury. The diagnoses have included spinal discopathy. Treatment to date has included medications, lumbar surgery, radiological imaging, and acupuncture. Currently, the IW complains of low back pain with occasional radiation into the leg. Physical findings reveal tenderness to the lumbar spine area, decreased range of motion: 20 forward flexion, 5 extension, and 10 lateral flexion, and a positive straight leg raise test. He uses a cane for ambulation. The records do not indicate the injured worker had problems taking medications, or abuse of medications. On January 27, 2015, Utilization Review non-certified the performed urine drug testing. The ODG guidelines were cited. On February 7, 2015, the injured worker submitted an application for IMR for retrospective review of lab work: chromatography, opiate(s), creatinine, and urinalysis for date of service December 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lab Work to include Chromatography, Opiate(s), Creatinine, Urinalysis (DOS: 12/10/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Urine Drug Screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug screen

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective lab work chromatography for opiates, creatinine and urine analysis date of service December 10, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnosis is spinal discopathy. The documentation contains one progress note from the requesting physician (for the UDS). The documentation contains a urine drug screen dated December 1, 2014. Urine drug screen was inconsistent. The injured worker was prescribed Cyclobenzaprine and Codeine but metabolites were not present in the urine. The treating physician did not comment/document on the inconsistent urine. There is no risk assessment in the medical record. The frequency of urine drug testing is determined by whether the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. There is no documentation of aberrant drug-related behavior or drug misuse or abuse. Consequently, absent clinical documentation with a risk assessment indicating the frequency with which urine drug testing should be performed with a clinical indication and/or rationale, retrospective lab work chromatography for opiates, creatinine and urine analysis date of service December 10, 2014 is not medically necessary.