

Case Number:	CM15-0029120		
Date Assigned:	02/23/2015	Date of Injury:	07/02/2010
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 07/02/2010. She has reported an injury to the back from her work activities. Diagnoses include status posterior lumbar four to sacral fusion with residual pain, lumbar radiculopathy, lumbar disc displacement, lumbar impingement syndrome, left knee pain, enthesopathy of the knee, other and unspecified derangement of the medial meniscus, and failed relief with epidurals and sacroiliac joint blocks. Treatment to date has included physical therapy, chiropractic care, laboratory studies, medication regimen, magnetic resonance imaging of the lumbar spine, and above listed procedures. In a progress note dated 12/18/2014 the treating provider reports stabbing, burning low back pain that radiates to the right leg with numbness and weakness with a pain rating of a six out of ten; achy, stabbing, burning right forearm pain with weakness and a pain rating of a three out of ten; and sharp, burning left knee pain with tingling and weakness with a pain rating of a seven out of ten. On 12/18/2014 the treating provider noted a review of a urine toxicology dated 11/04/2014, however this progress note did not indicate the specific reason for this requested study. On 01/29/2015 Utilization Review modified the requested treatment of a retro urine toxicology with the date of service of 12/18/2014 to a ten panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results times one, noting the Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines-Treatment In Workers' Compensation, Pain Procedure Summary (last updated 11/21/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine toxicology screen, DOS: 12/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, AND Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence to suggest this worker required drug screening monitoring as there was no history of abuse with Norco or any other drug, and no documented abnormal behavior or prior abnormal tests. Therefore, the urine drug screening test will be considered medically unnecessary.