

Case Number:	CM15-0213805		
Date Assigned:	11/03/2015	Date of Injury:	11/03/2014
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/29/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old male, who sustained an industrial injury on 11-3-2014. Diagnoses include cervical sprain-strain, lumbar sprain-strain, bilateral shoulder sprain-strain, left elbow sprain, bilateral lower extremity radiculopathy, insomnia, anxiety, and depression. Treatments to date include activity modification, medication therapy, and physical therapy. An initial evaluation completed on 7-23-15, indicated there was chronic complaint of low back pain. Current medications listed included Insulin, Glipizide, Lisinopril, Atenolol, Atorvastatin, Allopurinol, Bactophen and Tomsolizine. The plan of care included a urine toxicology screen; physical therapy, radiographic imaging, and medications included Omeprazole, Cyclobenzaprine, and topical compound creams. On 8-24-15, he complained of ongoing pain in the neck, low back, right shoulder and left elbow associated with symptoms of stress, anxiety, depression and insomnia. The record indicated oral medications were discontinued due to chronic kidney disease on that date, and the decision to continue topical compound creams was made. The physical examination documented decreased range of motion, tenderness and muscle spasm with positive straight leg raise test bilaterally. The plan of care included physical therapy, topical compound creams, and a referral to orthopedics. The records indicated a urine toxicology screen was completed on 7-23-15. The appeal requested a retrospective authorization for urine toxicology screen, date of service 8-24-15. The Utilization Review dated 10-6-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen/confirmation, (retrospective DOS 08/24/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Chronic), Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 11-3-2014. Diagnoses include cervical sprain-strain, lumbar sprain-strain, bilateral shoulder sprain-strain, left elbow sprain, bilateral lower extremity radiculopathy, insomnia, anxiety, and depression. Treatments to date include activity modification, medication therapy, and physical therapy. The medical records provided for review do not indicate a medical necessity for Urine toxicology screen/confirmation, (retrospective DOS 08/24/2015). The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines criteria for urine drug screen include: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. (4) If aberrant behavior or misuse is suspected and/or detected. The medical records do not indicate the injured worker is being treated with a controlled substance; besides the records indicate the injured worker was tested a month earlier; therefore, the requested test is not medically necessary.