

Case Number:	CM15-0217037		
Date Assigned:	11/06/2015	Date of Injury:	07/07/2009
Decision Date:	12/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/04/2015

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 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 56 year old, female who sustained a work related injury on 7-7-09. A review of the medical records shows she is being treated for low back and right leg pain. In the progress notes dated 8-27-15 and 9-24-15, the injured worker reports chronic low back and right leg pain. The pain is described as aching and a lancinating sensation. She reports the medications give her "an appreciable degree of pain relief." The provider states "this dose of medications has not produced any significant intoxication or sedation unless otherwise noted." She is having no adverse effects from the medications. Upon physical exam dated 9-24-15, there are no relevant physical findings documented. Treatments have included lumbar epidural steroid injections x 3, lumbar spine surgery, TENS unit therapy, trigger point injections, acupuncture, and medications. Current medications include Gabapentin, Omeprazole, Naproxen, Cyclobenzaprine, Glipizide, Glucophage and insulin. She is not working. The treatment plan includes requests for a surgery 2nd opinion, medication refills and urine testing. The Request for Authorization dated 9-28-15 has requests for psychological testing and urine testing. In the Utilization Review dated 10-5-15, the requested treatment of urine testing x3 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine testing times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines Treatment in Workers' Compensation, 7th edition, current year; <http://odg-twc.com/odgtwc/pain.htm>.

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) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, there is no documentation indicating that the patient is maintained on opiate medications that require monitoring. There is no documentation of any suspected illicit drug use there is no specific documentation for the requested urine drug testing. Medical necessity of the requested service has not been established. The requested urine test is not medically necessary.