

Case Number:	CM15-0032610		
Date Assigned:	02/26/2015	Date of Injury:	04/21/2014
Decision Date:	04/09/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/20/2015

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, Hawaii

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:

This 36 year old female sustained an industrial injury on 4/21/14. She subsequently reports ongoing low back pain. Diagnoses include disc herniation and lumbar strain. The injured worker has undergone Treatments to date have included physical therapy, injections and prescription pain medications. On 2/17/15, Utilization Review non-certified a request for a Qualitative Urine Drug Screen full panel. The Qualitative Urine Drug Screen full panel was denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualitative Urine Drug Screen full panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation ODG-TWC regarding Pain (updated 10/30/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, urine drug testing.

Decision rationale: The patient has ongoing low back pain with associated left lower extremity pain, numbness, and tingling. The current request is for urine drug screening. The MTUS guidelines state that point of contact (POC) immunoassay is recommended prior to initiating chronic opioid therapy. The ODG guidelines state that patients at "low risk" of addiction/aberrant behavior should be treated within six months of initiation and on a yearly basis thereafter. Patients at "moderate risk" for addition/aberrant behavior should be tested POC screening 2-3 times per year with confirmatory testing for inappropriate or unexplained results. In this case, the patient is prescribed Tramadol and there are no recent UDS found in the records provided. The current request is medically necessary and the recommendation is for authorization.