MAXIMUS Federal Services

Case Number:	CM15-0033912		
Date Assigned:	04/02/2015	Date of Injury:	12/26/2012
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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 48 year old who sustained an industrial injury on 12/26/2012. Diagnoses include lumbar myospasm and radiculopathy, lumbar sprain/strain, right ankle sprain/strain, rule out ankle derangement, loss of sleep, sleep disturbance, anxiety, depression, irritability, and nervousness. Treatment to date has included diagnostics, 24 physical therapy sessions, 7 acupuncture treatments, and medications. A physician progress note dated 01/02/2015 documents the injured worker complains of ankle and low back pain. Lumbar spine pain is frequent and severe and rated 8 out of 10. He has right ankle pain, which is constant and moderate and rated 7 out of 10. He has loss of sleep due to pain. The injured worker suffers from depression, anxiety and irritability. The treatment plan is for pain management, acupuncture 2 x 4 to increase range of motion and activities of daily living and to decrease pain, and chiropractic 2 x 4 to increase range of motion and activities of daily living and to decrease pain. Treatment requested is for Urine Toxicology Screen, specimen collection and handling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen, Specimen Collection and Handling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 provided to suggest there was abnormal behavior or testing to warrant a drug-screening test. Therefore, the request for urine toxicology screen will be considered medically unnecessary.