

Case Number:	CM15-0035320		
Date Assigned:	03/03/2015	Date of Injury:	10/23/2005
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female, who sustained an industrial injury on 10/23/2005. The current diagnoses are herniated lumbar disc with radiculitis, anxiety, depression, and insomnia. Currently, the injured worker complains of low back pain with radicular symptoms into bilateral legs, left worse than right. Current medications are Anaprox, Prilosec, Norco, Ultram ER, Xanax, Ambien, Soma, Lidoderm patches, and Gabapentin. The physical examination of the lumbar spine reveals tenderness and spasm over the paraspinal musculature bilaterally. Straight leg raise is +75 degrees bilaterally. Range of motion: Flexion 50 degrees, extension 20 degrees, and lateral bending 20 degrees left and right. Treatment to date has included medications. The treating physician is requesting chromatography quantitative, 42 units, which is now under review. On 2/5/2015, Utilization Review had non-certified a request for chromatography quantitative, 42 units. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography quantitative, 42 units: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain procedures summary, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 77-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently performed a toxicology test on 8/1/14. There is documentation that the patient is on controlled substances of Norco, Soma, Ambien, and Xanax. Therefore, screening of urine is needed, but there is no risk stratification to determine the appropriate interval. If a patient is deemed low risk, Official Disability Guidelines state that 1-2 times per year is appropriate. Due to the lack of opioid risk stratification, preferably by a tool such as the ORT or SOAPP, the currently requested urine toxicology test is not medically necessary.