MAXIMUS Federal Services

Case Number:	CM15-0035985		
Date Assigned:	03/04/2015	Date of Injury:	05/02/2012
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
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

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 31 year old female who sustained an industrial injury on 5/2/12. The injured worker reported symptoms in the back and lower extremities. The diagnoses included other unspecified back disorder, anxiety state unspecified, lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified. Treatments to date include acupuncture treatments, oral pain medications and physical therapy. In a progress note dated 12/5/14 the treating provider reports the injured worker was "tender over paraspinal area bilaterally to palpation." On 1/28/15 Utilization Review non-certified the request for one drug metabolism laboratory test. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One drug matabolism test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with chronic back pain with tenderness of the paraspinal area with positive straight leg raise bilaterally. The current request is for one drug metabolism test. The Request for Authorization is dated 1/9/15. The MTUS Guidelines page 76 under opiate management: J. "consider the use of urine drug test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. The treating physician states that the drug screen is to verify compliance and rule out drug abuse. The patient's medication regimen includes two different types of topical compound cream, Orphenadrine citrate, naproxen and Prilosec. The medical file includes UDS from 8/1/14, 9/12/14 and 11/14/14. There is no discussion as to why such frequent screenings are performed, as this patient is not taking any opiates. ODG Guidelines allow for once yearly urine drug screens for low-risk patients that are on an opiate regimen. This request IS NOT medically necessary.