

Case Number:	CM15-0036987		
Date Assigned:	03/05/2015	Date of Injury:	03/10/2009
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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, Indiana, 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:

This 46 year old male sustained a work related injury on 03/10/2009. According to a progress report dated 01/16/2015, the injured worker complained of constant low back pain. Pain was rated 7 on a scale of 1-10 with radiation to the left lower extremity down to the left buttock and left foot with associated numbness and tingling as well as spasm and burning sensation. He also complained of having stress and insomnia. His current medications included Soma and Ultracet. He just finished aquatic therapy. Diagnoses included annular tear at L3-L4 level with herniated nucleus pulposus, herniated nucleus pulposus and foraminal stenosis at L5-S1 level, left lower extremity radiculopathy, weight gain secondary to orthopedic injury and L3-L4 and L4-L5 disc herniation with stenosis and left lower extremity radiculopathy. A urine drug screen dated 01/16/2015 was positive for Oxycodone and Noroxycodone and was noted as not consistent and was positive for Meprobamate noted as consistent on the urine drug screen report. A prior urine drug screen dated 11/21/2014 was negative for Hydrocodone and Carisoprodol and was noted as not consistent. Current medications noted on that urine drug screen included Hydrocodone and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen Test for final confirmation DOS 01/16/15:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing for final confirmation date of service January 16, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured workers working diagnoses are lumbar herniated disc and left leg radiculopathy. Subjectively, the workers being treated for ongoing back pain with radiculopathy to the left lower extremity. Medications were Soma and Ultracet. There is no documentation with aberrant drug-related behavior, drug misuse or abuse. There was a prior urine drug tests performed in the medical record that was consistent with medications being taken. Consequently, absent clinical documentation for the clinical indication and/or rationale with aberrant drug-related behavior, retrospective urine drug testing for final confirmation date of service January 16, 2015 is not medically necessary.