

Case Number:	CM15-0041156		
Date Assigned:	03/11/2015	Date of Injury:	07/16/2009
Decision Date:	05/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/04/2015

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 39-year-old male who reported an injury on 07/16/2009. The mechanism of injury involved a motor vehicle accident, where the injured worker's versus sunk into a hole, causing an immediate jerk of the low back and thorax region. The current diagnoses include lumbar strain, thoracic strain, and lumbar discogenic disease. On 01/13/2015, the injured worker presented for a follow up evaluation. It was noted that the injured worker had been participating in a course of physical therapy with mild improvement; however, reported persistent stiffness and soreness. The current medication regimen includes tramadol, gabapentin, and tizanidine. The injured worker indicated that he only utilized the above the medication regimen at night time. A urine sample was obtained in the office on that date. Upon examination, there was normal sensation to pinprick and light touch in all dermatomes, a normal gait, and normal motor strength and motor control bilaterally. There was 90 degree lumbar flexion, 20 degree extension, and diminished range of motion on the right side. Recommendations at that time included continuation of physical therapy and the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Testing (UDS) DOS 1/13/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.