

Case Number:	CM15-0046739		
Date Assigned:	03/18/2015	Date of Injury:	06/19/2013
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/11/2015

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 45 year old male who sustained an industrial injury August 19, 2013. He has reported low back pain and has been diagnosed with degenerative disc disease lumbar. Treatment has included medications and chiropractic care. Currently the injured worker complains of low back pain. The treatment plan included a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective of Urine drug screen (UDS) (DOS 02/12/15) Qty: 1.00: 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), Urine drug screen.

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

Decision rationale: The 45 year old patient complains of pain in neck, lower back, left lower extremity, and left shoulder, as per progress report dated 01/12/15. The request is for

RETROSPECTIVE OF URINE DRUG SCREEN (UDS) (DOS 02/12/15) QTY: 1.00. The RFA for the case is dated 02/12/15, and the patient's date of injury is 06/19/13. Medications, as per progress report dated 09/24/14, included Norco, Gabapentin and Omeprazole. Diagnosis included low back pain and radiculitis. The patient is working full time with restrictions, as per progress report dated 02/12/15. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the progress reports are handwritten and mostly illegible. The use of Norco (an opioid) has been documented in all the available reports from 08/28/14. An urine toxicology test was performed on 02/12/15, and this request is related to this screening. The reports, however, do not document when the test was performed in the past. The treating physician does not discuss the patient's opioid dependence risk as well. The reports lack relevant documentation required to make a determination based on MTUS. Hence, the request IS NOT medically necessary.