

Case Number:	CM15-0057407		
Date Assigned:	04/02/2015	Date of Injury:	01/15/2002
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/26/2015

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:

The injured worker is a 75-year-old male, who sustained an industrial injury on January 15, 2002. He reported low back pain. The injured worker was diagnosed as having lumbar degenerative disc disease with intractable low back pain, lumbar radiculopathy, depression, long-term opioid use and insomnia. Treatment to date has included diagnostic studies, medications, a cane for ambulation and activity modifications. Currently, the injured worker complains of chronic low back pain and bilateral lower extremity pain. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 18, 2015, revealed continued pain. It was noted he had a lack of resources and has been unable to get medications lately. It was noted he appeared in pain. A retrospective payment for a urinary drug screen to monitor prescription compliancy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine drug screen date of service 12/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Opiates. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chronic.

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 date of service December 18, 2014 urine drug testing 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. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbar degenerative disease; depression; insomnia; lumbar radiculopathy; and situational stress. The documentation shows the injured worker had urine drug testing on July 31, 2013; October 24, 2013; December 12, 2013; and April 1, 2014. All urine drug tests were consistent with prescribed medications. Progress note dated December 2, 2014 does not contain a list of current medications. In November 2014, progress note indicates the injured worker has been unable to purchase MS Contin because it's too expensive. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with an appropriate clinical indication and rationale, aberrant related drug behavior, drug misuse or abuse, retrospective urine drug testing date of service December 18, 2014 is not medically necessary.