

Case Number:	CM15-0060246		
Date Assigned:	04/06/2015	Date of Injury:	04/29/2004
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 62 year old female, who sustained an industrial injury on 04/29/2004. She has reported subsequent back pain and was diagnosed with post-laminectomy syndrome of the lumbar spine, lumbago and lumbosacral radiculopathy. Treatment to date has included oral pain medication. In a progress note dated 02/24/2015, the injured worker complained of low back pain with occasional radiation to the right leg and ankle that was rated as 6/10 with medication and 8/10 without medication. Objective findings were notable for tenderness of the right sciatic notch, tenderness at L4-S1 on the right, muscle hypertonicity, decreased range of motion of the lumbosacral spine and decreased sensation to the right thigh, calf and foot in L5-S1 pattern. The physician noted that the injured worker was taking Hydrocodone/APAP for pain relief and that a request for authorization of a serum drug screen was being submitted. The reason for the request was to determine if the injured worker's serum opiate concentrations were within the expected steady state range and ensure compliance with the opiate agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum drug screen 4 times a year: 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 Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine Drug Testing.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. There is no documentation provided indicating the results of recent urine drug testing to determine if the claimant is considered low, medium, or high risk for abuse and/or noncompliance. ODG does not support quantitative/qualitative testing for verifying compliance without evidence of necessity. Medical necessity for the requested item is not established. The requested item is not medically necessary.