MAXIMUS Federal Services

Case Number:	CM15-0063234		
Date Assigned:	04/09/2015	Date of Injury:	03/08/2002
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56-year-old male, who sustained an industrial injury on 03/08/2002. He reported injuries to his neck and back. The injured worker is currently diagnosed as having lumbar radiculopathy, depression, anxiety, lumbar post-laminectomy syndrome, lumbar discogenic pain syndrome, low back pain, vertebral fracture, spinal cord stimulator status, pain in thoracic spine, left sided rib fracture, left scapula fracture, pain of cervical facet joint, occipital neuralgia, neck pain, headache, migraine, and chronic pain syndrome. Treatment to date has included lumbar spine CT scan, bilateral lower extremity electromyography/nerve conduction studies, psychiatric treatment, spinal cord stimulator, injections, and medications. In a progress note dated 02/24/2015, the injured worker presented with complaints of pain in his left shoulder, left hip, left side of low back, and left lower extremity. The treating physician reported requesting authorization for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 56 year old male has complained of neck and low back pain since date of injury 3/8/02. He has been treated with lumbar spine surgery, physical therapy, spinal cord stimulation, injections and medications. The current request is for urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. Based on the above-cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.