

Case Number:	CM15-0069891		
Date Assigned:	04/17/2015	Date of Injury:	01/06/2002
Decision Date:	07/31/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 70 year old male, who sustained an industrial injury on 1/6/2002. The mechanism of injury is unknown. The injured worker was diagnosed as having low back pain and insomnia. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In progress notes dated 1/12/2015 and 2/20/2015, the injured worker complains of low back pain. Physical examination showed decreased lumbar range of motion. The prior urine drug screen in November 2014 was not consistent with the medications prescribed. The treating physician is requesting DNA testing and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clin Proc. 2009 Jul; 84(7): 613-624. PMID: PMC2704133 Opioid Metabolism Howard S. Smith.

Decision rationale: In this case, the claimant was on intermittent use of opioids at time. Recent urine screening may indicate method of use and metabolism if provided and taken routinely. In addition, although, opioid metabolism can vary in persons, DNA testing for metabolism is not medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, the claimant had been on Norco since at least September 2015. The urine screen from November 2015 was not consistent with medications taken. As a result, the request to monitor consistent use of medications with urine screening is appropriate and medically necessary.