

Case Number:	CM15-0081451		
Date Assigned:	05/05/2015	Date of Injury:	10/20/2011
Decision Date:	07/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 male, with a reported date of injury of 10/20/2011. The diagnoses include thoracic/lumbosacral neuritis/radiculitis, and displacement lumbar intervertebral disc without myelopathy. Treatments to date have included oral medications, a home exercise program, and topical pain medication. The progress report dated 02/19/2015 indicates that the injured worker complained of low back pain. The pain radiated to the bilateral lower extremity. He rated the pain 2 out of 10. The physical examination showed decreased low back range of motion. There was no change in the injured worker's work status. The treating physician requested a drug screen; benzodiazepines; amphetamine or methamphetamine; cocaine or metabolite; column chromatography/mass spectrometry; urine drug screen-meprobamate; alkaloids; urine drug screen-phencyclidine; mass spectrometry and tandem mass spectrometry; and opiate(s), drug and metabolites, each procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screen, qualitative multiple drug classes by high complexity test method immunoassay QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Criteria for use of Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Drug Screen, qualitative multiple drug classes by high complexity test method immunoassay QTY 1 is not medically necessary.

UDS: Benzodiazepines QTY 1, Amphetamine or Methamphetamine QTY 2, Cocaine or Metabolite QTY 1, Meprobamate QTY 1, Alkaloids, urine quantitative QTY 1, Phencyclidine QTY 2, Opiates drug and metabolites each procedure QTY 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Criteria for use of Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, UDS: Benzodiazepines QTY 1, Amphetamine or Methamphetamine QTY 2, Cocaine or Metabolite QTY 1, Meprobamate QTY 1, Alkaloids, urine quantitative QTY 1, Phencyclidine QTY 2, Opiates drug and metabolites each procedure QTY 4 is not medically necessary.

Column Chromatography/mass spectrometry (eg, gc/ms, or hplc/ms), analyte not elsewhere specified QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Column Chromatography/mass spectrometry (eg, gc/ms, or hplc/ms), analyte not elsewhere specified QTY 1 is not medically necessary.

Mass spectrometry and tandem mass spectrometry (ms, ms/ms), analyte not elsewhere specified QTY 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Mass spectrometry and tandem mass spectrometry (ms, ms/ms), analyte not elsewhere specified QTY 3 is not medically necessary.