

Case Number:	CM15-0082856		
Date Assigned:	05/05/2015	Date of Injury:	04/23/2013
Decision Date:	06/11/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 35 year old female who sustained an industrial injury on 4/23/13. The injured worker was diagnosed as having sprain of ankle, lumbar/lumbosacral disc degeneration and depressive disorder. Currently, the injured worker was with complaints of pain in the lower back. Previous treatments included previous injections, oral pain medication and physical therapy. Previous diagnostic studies included magnetic resonance imaging. The plan of care was for a toxicology drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Durg testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, toxicology drug screen 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 sprain of ankle NOS; lumbar/lumbosacral disc degeneration; and depressive disorder. The request for authorization was dated April 9, 2015. A urine drug screen was performed December 15, 2014. There were no medications prescribed on the urine drug screen print out. According to a January 6, 2015 progress note, it is unclear whether the urine drug screen from December 2014 was consistent or inconsistent. There is an undated progress note (page 1 of 2) following the request for authorization. The medications listed are Tizanidine, Colace and Naproxen. There is no clinical indication or rationale for a repeat urine drug toxicology screen. There is no aberrant drug-related behavior, drug misuse or abuse documented in the medical record. Consequently, absent clinical documentation with a clinical indication and rationale for a repeat urine drug toxicology screen, drug misuse or abuse, toxicology drug screen is not medically necessary.