

Case Number:	CM15-0084283		
Date Assigned:	05/06/2015	Date of Injury:	09/12/2001
Decision Date:	06/05/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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 61-year-old male injured worker suffered an industrial injury on 09/12/2001. The diagnoses included chronic regional pain syndrome, failed back syndrome, lumbar radiculopathy and sleep disorder. The injured worker had been treated with medications and chiropractic therapy. On 3/19/2015, the treating provider reported lower back pain, bilateral shoulder pain and neck pain. The lower back pain 8/10 was associated with radiculopathy and mild tremor. There was bilateral lower extremity pain rated 7 to 8/10 with middle and upper back spasms. The treatment plan included Urine specimen (drug screen).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine specimen, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen - Criteria for Use of Urine Drug Testing.

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, urine drug toxicology screen (urine specimen #1) 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 failed back surgery syndrome; lumbar radiculopathy; cervical this disease status post ACD and F the development of CRPS; status post bilateral shoulder surgery with residual impairment and CRPS; myofascial pain syndrome with development of bilateral upper extremity movement disorder; and sleep disorder. The documentation shows multiple urine drug toxicology screens were performed in 2014 and 2015. Specifically, urine drug toxicology screens were performed on June 6, 2014; July 28, 2014; September 19, 2014; January 22, 2015; and February 6, 2015. The most recent progress note in the medical record lists the current medications as baclofen, tramadol, and naproxen. The treatment plan states all controlled medications are to be discontinued. There are no risk assessments in the medical record indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Additionally, there is no documentation of aberrant drug-related behavior, drug misuse or abuse. According to a March 19, 2015 progress note, the treating provider is discontinuing all current controlled medications and there is no clinical indication or rationale repeating urine drug toxicology screens. Consequently, absent clinical documentation with a clinical indication and rationale for a repeat urine drug toxicology screen, no risk assessment or documentation of aberrant drug-related behavior, drug misuse or abuse, urine drug toxicology screen (urine specimen #1) is not medically necessary.