

Case Number:	CM15-0089637		
Date Assigned:	05/13/2015	Date of Injury:	10/15/2009
Decision Date:	06/15/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/11/2015

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 10/15/2009. The diagnoses included lumbar herniated disc with spondylolisthesis. The injured worker had been treated with medications. On 4/1/2015 the treating provider reported lower back pain with pain and numbness radiating down the left lower extremity to the left third and fourth toes that the injured worker stated were numb. The lower back pain was rated as 6/10. The pain was 4 to 5/10 with medications and 8/10 without medications. He reported improvement in activities of daily living with medications. On exam there was tenderness with spasms and positive trigger points of the lumbar muscles. The treatment plan included urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen at next visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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, one urine drug testing next visit 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 status post fracture injury to the right thumb; left ankle fracture; and herniated nucleus pulposis of the lumbar spine with spondylolisthesis. The documentation indicates the injured worker has been on Norco 10/325 mg as far back as April 18, 2013. There are multiple urine drug screen requests throughout the medical records and many within a 12-month time frame. There is no clinical indication/rationale other than monitoring compliance documented in medical record. There is no aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record indicating the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with a risk assessment, indication/rationale, aberrant drug-related behavior, drug misuse or abuse, one urine drug testing next visit is not medically necessary.