

Case Number:	CM15-0231029		
Date Assigned:	12/04/2015	Date of Injury:	05/01/2014
Decision Date:	01/11/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/24/2015

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
 Certification(s)/Specialty: Emergency 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 57 year old female, who sustained an industrial injury on 5-1-14. The injured worker was diagnosed as having lumbar sprain; lumbosacral neuritis NOS; lumbar spinal stenosis; sprain hip thigh; joint derangement-pelvis; osteoarthritis pelvis; sprain leg-knee-ankle; plantar fibromatosis; radiculopathy lumbar. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-7-15 indicated the injured worker was seen on this date as a follow-up evaluation. He complains of lower back pain, right hip, right knee and right ankle-foot pain. The provider notes, On a scale of 0 to 10, with 10 representing the worst, her pain in the lower back is rated as 8 out of 10 per the VAS scale which has increased from 5-6 out of 10 on the last visit, 8 out of 10 right hip and 2 out of 10 right knee and right ankle-foot which has increased from 0 to 10 on last visit. Objective findings are notes as, lumbar spine grade 2-3 tenderness to palpation over the paraspinal muscles which has increased from grade 2 on last visit and 2 palpable spasm. There is restricted range of motion, straight leg raise is positive, bilaterally and greater on the left than the right. The right hip, right knee, right ankle and foot is noted as a grade 2 tenderness to palpation which has remained the same since last visit. The provider's treatment plan requested physical therapy to be put on hold at this time; referral for an EMG-NCV study of the bilateral lower extremities per AME recommendation as well as a consultation with hip specialist for possible total hip consideration and a urine toxicology screening test administered on this date for medications management. The provider makes no mention of current medications, the last urine drug screening performed or if the injured worker has been compliant on urine drug screening in the past. A PR-2 note dated 8-25-

15 does include prescribed medications in the treatment plan as Anaprox DS 550mg, Fexmid 7.5mg and a topical cream. The provider documents A Urine toxicology testing is administered for medication monitoring, authorization is requested for same. A Urine Drug screening dated 6-27-14 indicated no drugs were prescribed and the result was consistent. This was the only report submitted. A Request for Authorization is dated 11-17-15. A Utilization Review letter is dated 11-3-15 and non-certification for Urine toxicology test. A request for authorization has been received for Urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The requested urine toxicology test, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The treating physician makes no mention of current medications, the last urine drug screening performed or if the injured worker has been compliant on urine drug screening in the past. A PR-2 note dated 8-25-15 does include prescribed medications in the treatment plan as Anaprox DS 550mg, Fexmid 7.5mg and a topical cream. The provider documents A Urine toxicology testing is administered for medication monitoring, authorization is requested for same. A Urine Drug screening dated 6-27-14 indicated no drugs were prescribed and the result was consistent. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, urine toxicology test is not medically necessary.