

Case Number:	CM15-0242606		
Date Assigned:	12/22/2015	Date of Injury:	10/27/2006
Decision Date:	01/28/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/14/2015

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 York, West Virginia, Pennsylvania
 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 42 year old male who sustained an industrial injury on 10-27-2006. A review of medical record indicates the injured worker is being treated for thoracic disc herniation, T11-T12, thoracic degenerative disc disease, post laminectomy syndrome of the lumbar spine (status post L4-5 and L5-S1 fusion), lumbar radiculopathy, and chronic pain syndrome. Medical record dated 10-9-2015 noted low back pain which radiated to the right leg. He also complained of thoracic pain that was getting worse. Pain with medications was rated 5-6 out of 10 and 8-9 out of 10 without medications. Pain medications allow him to function. Physical examination noted straight leg raising was positive on the right and negative on the left. There was a healed surgical scar on the lumbar spine. Urine toxicology screen was obtained on 7-17-2015 and was consistent with pain medications. Treatment has included Norco since 6-18-2015. Utilization review form dated 11-25-2015 non-certified urine drug screen-high complexity qualitative urine drug screen by immunoassay method with alcohol testing any method other than breath, and quantitative drug screening x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Urine Drug Screen - High complexity qualitative urine drug screen by immunoassay method with alcohol testing, any method other than breath, and quantitative drug screening x 12, DOS: 01/28/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Guidelines state that urine drug screens may be used to avoid misuse of opioids especially for patients at high risk of abuse and are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. In this case, the patient does not show aberrant behaviors and has been consistent with medication on urine drug screens and controlled substance utilization review and evaluation system. The request for a high complexity qualitative urine drug screen by immunoassay with alcohol testing and quantitative drug screening x 12 is not medically necessary or appropriate.