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| Case Number: | CM15-0242843 | | |
| Date Assigned: | 12/22/2015 | Date of Injury: | 01/12/2015 |
| Decision Date: | 01/28/2016 | UR Denial Date: | 12/11/2015 |
| 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: 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 41 year old female who sustained an industrial injury on 1-12-2015. The injured worker is undergoing treatment for lumbar disc displacement with radiculopathy. The treatment and diagnostic testing to date has included medications, with an opioid agreement reviewed with injured worker (11-18-15). Medications have included Relafen, Flexeril, Norco, and Gabapentin. On 10-19-15 and 11-18-15, she reported low back pain with pain radiation into the right leg down to the toes. She also reported frequent spasms in the low back, and feet coldness and right foot numbness. She rated her pain 6-7 out of 10 with medications and 9 out of 10 without medications. The provider noted the injured worker was not having adverse side effects or displaying signs of aberrant behaviors. Objective findings revealed tenderness in the low back, positive straight leg raise testing on the right, decreased sensation over the L5 and S1 distribution on the right, and decreased lumbar spine range of motion. Current work status: modified. The request for authorization is for a urine drug screen. The UR dated 12-11-2015: non-certified the request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, per 11/18/15 order. Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

MAXIMUS 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 section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screen, per November 18, 2015 order, quantity #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 radiculopathy lumbar region; intervertebral disc displacement, lumbar region. Date of injury is January 12, 2015. Request for authorization is December 4, 2015. According to November 18, 2015 progress note, subjective complaints include increased low back pain with radiation to the right leg with right foot numbness. Medications include Norco, Flexeril, Gabapentin and Relafen. Objectively, there is tenderness in the midline from L5 - S1. There is tenderness in the paraspinal muscle groups. There is positive straight leg raising and decreased sensation L5 - S1. Range of motion is decreased. There are no urine drug toxicology screens in the medical record. The date of injury is approximately 12 months ago. The treating provider does not indicate when the last urine drug toxicology screen was performed and whether or not it was consistent or inconsistent. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. 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. There is no risk assessment in the medical record. Although the treating provider is seeking to monitor compliance with prescribed substances, prior urine drug toxicology screens should be documented. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, urine drug screen, per November 18, 2015 order, quantity #1 is not medically necessary.