

Case Number:	CM15-0243528		
Date Assigned:	12/21/2015	Date of Injury:	10/07/2008
Decision Date:	01/25/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 66 year old male who sustained an industrial-work injury on 10-7-08. The injured worker was diagnosed as having long term use of opioids, low back pain, hip pain, myalgia, and chronic pain syndrome. Treatment to date has included medication: Tramadol ER, Gabapentin; acupuncture (very helpful), surgery (left ankle, right knee), physical therapy (failed), home exercise program (HEP) and walking. Currently, the injured worker complains of increased pain (flare up) since stopping acupuncture therapy. Pain is in regard to the pelvis, ribs, bilateral hips, low back, and left shoulder. Pain is described as aching with pins and needles and numbness in the left hip and buttock, radiates to the left groin area, rated 8 out of 10 without medication and 3-4 out of 10 with medication. Meds have improved pain by over 50%. Urine toxicology screen was consistent for Tramadol on 5-22-15. Ice-heat application was used for additional pain relief. Per the primary physician's progress report (PR-2) on 6-29-15, exam noted an antalgic gait with tenderness over the paraspinal muscles and left hip. Bilateral strength is normal and sensation is intact, Gaenslen's maneuver is positive on the left, and positive straight leg raise on the left. Current plan of care includes drug screening to confirm compliance with medication prescribed and to rule out illicit drug use. The Request for Authorization requested service to include Retro High Complexity Qualitative Urine Drug Screen by Immunoassay Method with Alcohol Testing DOS 6/29/15. The Utilization Review on 11-19-15 denied the request for Retro High Complexity Qualitative Urine Drug Screen by Immunoassay Method with Alcohol Testing DOS 6/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro High Complexity Qualitative Urine Drug Screen by Immunoassay Method with Alcohol Testing DOS 6/29/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.