

Case Number:	CM14-0103021		
Date Assigned:	09/16/2014	Date of Injury:	03/01/2005
Decision Date:	10/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61 year old female with a date of injury on 3/1/2005. Subjective complaints are of low back pain with radiation to the legs. Physical exam shows decreased lumbar range of motion, paraspinal muscle tenderness and spasm, and positive bilateral straight leg raise test. Medications include Norco, Ultram, Anaprox, Prilosec, and Fexmid. Patient had a urine drug screen ordered on 5/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Chromatography (Urine Drug Screen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 90-91. Decision based on Non-MTUS Citation ODG Pain Chapter-Urine Drug Testing (UDT) and www.ncbi.nlm.nih.gov/pubmedhealth-Chromatography

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, URINE DRUG SCREENING

Decision rationale: CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool

to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking opioids, and there is notation of prior drug screens, however, reports are not present in the records. Therefore, the medical necessity of a Quantitative Chromatography (Urine Drug Screen) is not established at this time.