

Case Number:	CM14-0127616		
Date Assigned:	09/16/2014	Date of Injury:	06/26/1999
Decision Date:	10/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 underlying date of injury in this case is 06/26/1999. The date of the original utilization review under appeal is 07/25/2014. The patient's diagnosis is a lumbar postlaminectomy syndrome. The only physician office note provided for Independent Medical Review is a treating pain physician note of 04/02/2014. At that time, the patient's pain was characterized as sharp, dull, throbbing, burning, and aching. The treating physician reported that the patient understands the risks and benefits of opioid therapy and stated that the patient reported his opioid medication was decreasing his pain level and improving his function and noted that the patient denied any diversion of medications. The patient was given prescriptions for Methadone, Soma, Norco, and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening QTY: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com, ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Drug Testing, page 43, states that drug testing is recommended as an option to assess for the use or presence of illegal drugs. More nuance detail can be found in Official Disability Guidelines/Treatment in Workers' Compensation/Pain which discusses urine drug testing and recommends risk stratification in order to determine the frequency of planned urine drug testing. The medical records in this case contain very limited discussion regarding the rationale for urine drug screening, in particular for the rationale for urine drug screening quantity 4. The patient's risk factors for aberrant behavior and the rationale for requesting more than 1 urine drug testing procedure at this time are not apparent. This request is not medically necessary.