

Case Number:	CM14-0140746		
Date Assigned:	09/10/2014	Date of Injury:	02/28/2013
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/29/2014

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 Illinois. 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 injured worker is a 39 year old male who reported an injury on 02/28/2013. The mechanism of injury was reportedly an automobile accident where he was rear-ended. His diagnoses included lumbosacral spine sprain/strain, disc displacement without myelopathy of the lumbar spine, and depression. He had 2 X-rays of his low back and an MRI on 06/01/2013. He reportedly received 8 sessions of physical therapy and had chiropractic treatment. His previous surgeries were irrelevant to his diagnoses. On 06/23/2014 the injured worker reported constant sharp pain in the low back with pain radiating to the bilateral hips and thighs. His pain level was 7/10. The physical examination revealed lumbosacral spine flexion of 90 degrees, extension was 5 degrees, and lateral bending was 5 degrees. His medications included Soma, Vicodin 5/300 every 6-8 hours for pain, Naproxen 550mg, Omeprazole, and Tramadol HCl ER 150mg. The treatment plan was for 10 panel random drug screen (Urine toxicology) times one. The rationale for request was to check for levels of prescription medication usage as well as adherence to the narcotic drug contract. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 panel random drug screen (Urine toxicology) x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT)

Decision rationale: Based on the clinical information submitted for review, the request for 10 panel random drug screen (Urine toxicology) times one is medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that urine drug screens may be used to verify compliance with opioid therapy. More specifically, as stated in Official Disability Guidelines, urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Usually, screening tests are based on immunoassays, which can be either laboratory-based or point-of-collection testing. The injured worker reported constant sharp pain in the low back with pain radiating to the bilateral hips and thighs. His medications included Vicodin, Soma, and Tramadol. It was noted on 06/23/2014 that the physician requested a urine drug screen to check for levels of prescription medication usage as well as adherence to the narcotic drug contract; however, it was unknown when the injured worker's last urine drug screen was prior to that date due to a lack of clinical information. As such, the request for 10 panel random drug screen (Urine toxicology) times one is not medically necessary.