

Case Number:	CM14-0141101		
Date Assigned:	09/10/2014	Date of Injury:	10/23/2008
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine 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 claimant was injured on 10/23/08 and a urine drug screen is under review. The claimant has diagnoses of lumbar disc displacement, chronic pain, constipation, GI bleed, stress/anxiety, sleep disturbance, and depression. A urine drug screen collected on 06/06/14 was negative for all analyses. He saw [REDACTED] on 07/23/14 and complained of cervical spine pain with burning when waking up. He had low back pain with numbness as well as depression and anxiety. His pain level was 7/10 and he had pain, blood in his stool, and lower left-sided abdominal pain. He complained of constant headaches and vision blackouts and he had been losing his balance. He had decreased range of motion of the lumbar spine with a positive straight leg raise test on the left. There was tenderness of the left lower quadrant. He was to discontinue anti-inflammatories and GI and psych consults were ordered along with chiropractic, urinalysis for toxicology, and topical medications. On 01/22/14, he saw [REDACTED]. Urinalysis for toxicology testing was ordered. He had ongoing symptoms. He was taking medications but they are not named. He received topical compounded cream. Acupuncture and a pain management consultation were ordered. On 03/06/14, he saw [REDACTED] who reported that he was taking Percocet and Zanaflex and using topical creams. His urine toxicology screen was presumptively positive for Oxycodone but the quantitative report was pending. A drug screen on 04/10/14 revealed the presence of Tramadol. On 05/10/14, [REDACTED] requested urinalysis for toxicology, MRIs, pain management, Naproxen, Cyclobenzaprine, Tramadol, and topical medications. On 05/08/14, Tramadol again was found in a drug screen. On 03/14/14, he had a sleep study but did not disclose taking any medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen for Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; Ongoing Management; Steps to Avoid Misu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Drug testing, Page(s): page 77.

Decision rationale: The history and documentation do not objectively support the request for a urine drug screen for toxicology. The MTUS Chronic Pain Guidelines state "drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, the claimant's use of medications is unclear. He has reported the use of Percocet and at times no use of medication. Drug tests have been positive for the presence of tramadol metabolites. However, there is no indication that the provider has followed up with the results and that his medication use is being addressed on a regular basis. There is no evidence that illegal medication/drug use is suspected or needs to be ruled out, however. The indication(s) for this drug screen are not explained and cannot be ascertained from the records. The medical necessity of this request has not been clearly demonstrated.