

Case Number:	CM14-0166417		
Date Assigned:	10/13/2014	Date of Injury:	07/11/2011
Decision Date:	12/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/09/2014

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 Neuromusculoskeletal 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 43 year old male who sustained a work related injury on 07/11/11 as result of being struck in the back of the leg by an open door of a vehicle and in the back as he fell. Since then he's continued of lower back pain and undergone a surgical procedure (lumbar lamintectomy) to address this issue. Pt is under care of pain management at this time. Has developed constipation as result of chronic narcotic pain medication usage. Request for urine toxicology screening as part of treatment plan on PR-2 dated 08/13/14. Apparently while reaching out to get his daughter on 08/26/14 the patient sustained a lumbar injury w/ sharp, shooting tingling in the lower back to the right leg and all ipsilateral digits of the foot. Upon examination he has documented diminished sensation in the fifth mid-anterior thigh, right mid-lateral calf and right lateral ankle. In dispute is a request for a Urine Toxicology Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 94.

Decision rationale: Because of the inherent possibility of addiction, misuse and abuse, urine drug screening is a tool for monitoring for appropriate use of the medication prescribed as well as monitoring for abuse of substances not prescribed. Frequent random urine toxicology screening is a means available to perform monitoring that is non-invasive and cost effective. The patient is utilizing opioid pain medication as part of his treatment regimen. Urine toxicology screening is an appropriate tool to ensure compliance of medication use and ensure that unauthorized substances are not being utilized.