

Case Number:	CM14-0180382		
Date Assigned:	11/05/2014	Date of Injury:	04/22/2008
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal 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 injured worker (IW) is a 36-year-old man who sustained an injury to the legs, lumbar and thoracic spine on April 22, 2008. The mechanism of injury occurred when the IW fell 4 to 5 feet off the end of a table onto concrete. Pursuant to the progress report dated July 30, 2014, the IW indicated that he is doing well on his medications. He was alert and oriented. The provider indicates that he will add a cream to apply because the IW gets gastric irritation. Documentation indicates that the physical examination is unchanged from June 25, 2014. The exam on 6/25/14 revealed stiffness in the lower back, thoracic spine spasms. Current MRI is pending. The IW was diagnosed with lumbar discogenic disease at L4-L5 and L5-S1, and thoracic pain. Plan includes Gabapentin, Ketoprofen, and Lidocaine cream. On July 9, 2014, a urine drug screen (UDS) was conducted. At that time, the IW was prescribed Cyclobenzaprine and Hydrocodone. The UDS did not detect Cyclobenzaprine. However, the UDS detected Hydromorphone, which was not prescribed. The retrospective UDS for this review was requested without documentation of physical exam, treatment plan or documentation of medications. There was no documentation that the IW had poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 10/01/14 urine drug screen Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 8, 77-80,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug testing retrospective October 1, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, unjust or discontinue treatment. Criteria for urine drug screening also take into account whether the injured worker is low risk, moderate risk or high risk in terms of misuse/abuse of opiates. In this case, the last submitted progress note was July 2014. During the July visit a urine drug screen was performed. The injured worker was taking cyclobenzaprine and hydrocodone. The urine drug test however did not show muscle relaxants but did show Hydromorphone (not taking this opiate) There was a preprinted form as to medical necessity, however there was no treatment plan put into effect by the treating physician. It is unclear whether the injured worker continued hydrocodone and cyclobenzaprine. There was no documentation as to whether the injured worker was a low risk, moderate risk or high risk for opiate misuse or abuse. There was no rationale in the medical documentation to support a urine drug screen. There was no physical examination treatment plan for medication history at the time urine drug screen was ordered. Consequently, the retrospective October 1, 2014 urine drug testing is not medically necessary.