

Case Number:	CM14-0215234		
Date Assigned:	01/02/2015	Date of Injury:	03/04/2011
Decision Date:	02/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 28 year old female with a date of injury of 5-9-2011. She injured her low back while moving items at work. She has had severe low back pain radiating to the left lower extremity despite chiropractic care and medications. Her physical exam reveals tender paraspinal lumbar muscles, a tender left sacroiliac joint and sciatic notch, and diminished lumbar range of motion. The straight leg raise exam has been equivocal to positive on the left. On 11-13-2014 she was said to have right flank tenderness as well. She had been taking 40-60 mg of hydrocodone a day and yet she still had 8-9/10 pain. Therefore, Fentanyl patch 75 mcg was added. This relieved her pain to a 1-2/10 but caused too much sedation. The dose was subsequently reduced to 25 mcg. At issue is a request for a urine analysis. The previous reviewer did not certify on the basis that it was believed the provider had intended to order a urine drug screen which was felt to have been appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain- Urine drug screening

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)- Urine Drug Testing

Decision rationale: 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, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. In this instance, the request is for a urine analysis which may be done to look for signs of infection, diabetes, or other disorders of the kidneys. The injured worker did have flank tenderness which may make a physician suspicious for an infection of the urinary tract. However, a potential urinary tract infection was beyond the scope of the industrial injury at hand and consequently a urine analysis was not medically necessary.