

Case Number:	CM14-0218248		
Date Assigned:	01/07/2015	Date of Injury:	10/30/2013
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 26 year old male who sustained a work related injury on October 30, 2013, after loading a truck with tires. He complained of neck, shoulders and back pain. Treatment included physical therapy, orthopedic consultation, muscle relaxants and anti-inflammatory medication. Diagnoses included a cervical sprain, bilateral impingement syndrome, lumbosacral sprain, lumbar disc herniation and left knee internal derangement. Currently, the injured worker complained of the same lower back pain causing weakness in both lower extremities. On December 15, 2014, a request for a urine drug screen to assess for the use or the presence of illegal drugs was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, criteria for use; Indicators and predictors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug screen

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Urine drug testing 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. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; lumbar disc syndrome without myelopathy; lumbar radiculopathy with radiculopathy left lower extremity. The documentation shows the injured worker had a urine drug screen July 19, 2014 and August 28, 2014. The results indicated the UDS was inconsistent for nicotine. During that time, the injured worker was taking Naprosyn and Tramadol on and off. In the October 24, 2014 progress note documentation indicates the injured worker is off oral narcotics and other oral medications. The injured worker is using topical creams only. There is no clinical indication or clinical rationale to warrant a repeat urine drug screen. Additionally, the frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk should be tested within six months of therapy and on a yearly basis thereafter. This injured worker appears to be a low risk (based on the available documentation) and has had two urine drug screens in the 2014 calendar year. Results were negative for opiate inconsistency. It was positive for nicotine only. Consequently, absent clinical documentation to support a third urine drug screen in the calendar year 2014 without a risk assessment and documentation that indicates no oral medications are being taken, urine drug screen is not medically necessary.