

Case Number:	CM15-0008309		
Date Assigned:	01/28/2015	Date of Injury:	05/05/1993
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/14/2015

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:

This 80 year old man sustained an industrial injury on 5/5/1993. The mechanism of injury was not detailed. Current diagnoses include low back pain, lumbar disc degeneration, lumbar spinal stenosis, lumbar radiculopathy, post lumbar spine surgery syndrome, cervicgia, and cervical disc degeneration. Treatment has included oral medication, steroid injection, physical therapy, and surgical intervention. Physician notes dated 12/2/2014 show continued complaints of chronic lumbar and bilateral lower extremity pain. The plan includes bilateral injections at two levels, continue pain medications, and follow up in two months. There is notation that an unannounced urine drug test was performed per MTUS and ACOEM guidelines. On 12/31/2014, Utilization Review evaluated a prescription for a retrospective urine drug test, that was submitted on 1/14/2015. The UR physician noted there was no new information submitted as requested in a previous review. The worker appears to be low risk and documentation of previous testing and how the results effected treatment is needed. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro UDT (Urine Drug Test): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Opioids - criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Use of Urine Drug Testing, <http://www.odg-twc.com>

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective 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 low back pain; lumbar disc degeneration; lumbar spinal stenosis; lumbar radiculopathy; post lumbar spine surgery syndrome; cervicalgia; and cervical disc degeneration. Subjectively, the injured worker complains of chronic lumbar and bilateral lower extremity pain. Objectively, the cervical spine is tender at C5, C6 and C7 levels. The lumbar spine is tender from L3 - S1 with complaints of left lower extremity pain. The injured worker takes Norco 10/325 mg. The physician's plan was an unannounced urine drug test. The medical record does not contain a risk assessment indicating the frequency urine drug testing should be performed. There are no detailed pain assessments in the medical record. There is no clinical indication or rationale provided in the medical record by the treating physician for urine drug test. There are no prior urine drug screens in the medical record. There is no documentation of aberrant drug-related behavior in the medical record. Consequently, absent clinical documentation with risk assessments, detailed pain assessments, documentation of aberrant related drug behavior and prior urine drug testing with a clinical rationale for urine drug test, retrospective urine drug testing is not medically necessary.