MAXIMUS Federal Services

Case Number:	CM15-0010571		
Date Assigned:	01/28/2015	Date of Injury:	07/16/2009
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on 7/16/2009. He has reported jerking injury to low back and thorax after his truck went into a sink hole. The diagnoses have included cervical, thoracic and lumbar strain. Treatment to date has included diagnostics, medications and physical therapy. Currently, the injured worker complains of not sleeping completely through the night. He states that he is doing well otherwise on his medications which included tramadol, lidoderm patches and soma. He states that he awakens at night with burning pain in the legs and this is the only thing that bothers him most. He cannot get a full night sleep. Physical exam revealed lumbar pain right lower quadrant. Magnetic Resonance Imaging (MRI) of lumbar spine dated 2010 revealed bulging disc L5-S1. Recommendations were continue medications and physical therapy. The work status was regular duty. There was a urine drug screen dated 10/15/14 which was consistent with medications. On 12/22/14 Utilization Review non-certified a request for Retro UDS Dos 11/17/14, noting a urine drug test was performed within the last 60 days and there has been no evidence of aberrant or high risk behavior, therefore a repeat test is not medically necessary. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro UDS Dos 11/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient was injured on 07/16/09 and presents with cervical strain, thoracic strain, lumbar strain, and problems sleeping. The retrospective request is for a UDS DOS 11/17/14. There is no RFA provided and the patient currently works regular duty and should continue to work so. The patient had a prior urine drug screen on 10/15/14 which was consistent with medications. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. As of 11/17/14, the patient is taking both Tramadol and Soma in addition to using Lidocaine patches. The treater does not explain why another UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, the treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested urine drug screen IS NOT medically necessary.