

Case Number:	CM15-0012360		
Date Assigned:	01/29/2015	Date of Injury:	09/11/2000
Decision Date:	03/23/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male who sustained an industrial injury on 9/11/00. The injured worker reported symptoms in the back. The diagnoses included lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, and myalgia and myositis unspecified. Treatments to date include oral pain medication and compound cream. In a progress note dated 12/12/14 the treating provider reports the injured worker was with pain rated at an "average 7/10...made more tolerable by a combination of daily medications and periodic injections." On 1/15/15 Utilization Review non-certified a request for a urine drug screen. The California Medical Treatment Utilization Schedule Guidelines were cited.

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 Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Drug Testing Page(s): 43, 74-96. Decision based on Non-MTUS Citation Chronic Pain; Urine Drug Testing

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-high risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. As such, the current request for retrospective urinalysis drug screening is not medically necessary.