

Case Number:	CM15-0012879		
Date Assigned:	01/30/2015	Date of Injury:	04/22/2008
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old man sustained an industrial injury on 4/22/2008 to the lumbar and thoracic spine as well as the bilateral legs. Treatment has included oral medication, injection therapy, and surgical intervention. Physician notes from the pain specialist dated 12/15/2014 show continued complaints of low back pain with radiation into the right leg and thoracic pain.

Recommendations include refilling medications. On 1/7/2015, Utilization Review evaluated a prescription for retrospective urine drug screen, that was submitted on 1/16/2015. The UR physician noted there was no medical report for this date of service. 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:

Urine Drug Screen Retro DOS: 12/15/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain Chapter

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

Decision rationale: The claimant has a history of a work injury occurring more than six years ago and continues to be treated for chronic thoracic and radiating low back pain. Medications included Norco being prescribed on a long-term basis. Prior drug screening and August 2014 was inconsistent with the prescribed medications. Criteria for the frequency of urine drug testing include documented evidence of risk stratification. In this case, the claimant would be considered at least at a moderate risk for abuse of opioid medication. Guidelines recommend that patients at moderate risk be tested 2 to 3 times a year. The testing performed was therefore consistent with guidelines recommendations and was medically necessary.