

Case Number:	CM15-0013316		
Date Assigned:	01/30/2015	Date of Injury:	09/07/2006
Decision Date:	03/24/2015	UR Denial Date:	01/14/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 57 year old female who sustained a work related injury on September 7, 2006. There was no mechanism of injury documented. The injured worker underwent lumbar fusion (date unknown), and Revision L3-5 fusion (date unknown) and Hardware removal June 2010. The injured worker was diagnosed with L5-S1 facet arthropathy, right sacroiliac joint dysfunction, right leg radiculopathy, failed back syndrome, intractable pain syndrome and cervical myospasm. On December 18, 2014 a right L2-L4 facetectomy with intraoperative neurophysiological monitoring was performed. Current medications consist of Soma, Gabapentin, Dilaudid, Norco, and Promethazine. Treatment modalities have consisted of surgical interventions, physical therapy, failed lumbar spinal cord stimulator (trial), cervical epidural steroid injection (ESI), and assistive ambulation device. The injured worker is Permanent & Stationary (P&S).The treating physician requested authorization for Urine Drug Screen.On January 14, 2015 the Utilization Review denied certification for Urine Drug Screen. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW - URINE DRUG SCREEN (DOS 12-10-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-94. Decision based on Non-MTUS Citation TWC guidelines, on line, Pain chapter for Urine Drug Testing

Decision rationale: Urine drug testing is recommended to assess for use or presence of illegal drugs. Drug testing is also recommended to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Claimants at low risk of addiction should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. Claimants at moderate risk are recommended for screening 2-3 times per year with confirmatory testing for inappropriate or unexplained results. Claimants at high risk may require testing as often as once per month. In this case, current medications include Soma, Gabapentin, Dilaudid, Norco and Promethazine. There is no documentation of aberrant behavior and there is no documentation indicating that this claimant is anything but minimal risk for medication misuse. Although qualitative analysis might be indicated periodically, there is no indication documented for quantitative analysis. Thus the test is not medically necessary.