

Case Number:	CM15-0013404		
Date Assigned:	02/02/2015	Date of Injury:	07/16/2009
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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 39 year old male, who sustained an industrial injury on July 16, 2009. He has reported an injury to the low back and thorax. The diagnoses have included lumbago. Treatment to date has included pain medication and physical therapy. Currently, the injured worker complains of irritation in pain in the evening. He reported that he felt as if his muscles were firing independently. The injured worker denied illicit drug use. On examination the injured worker had pain in the right lower quadrant and his range of motion is diminished. His gait is normal. The evaluating physician recommended a change in his medications and started physical therapy. On January 12, 2015 Utilization Review non-certified a request for retro urine drug screen on December 16, 2014, noting that a urine drug screen was performed within the last sixty days and there was no evidence of aberrant or high-risk behavior. The Official Disability Guidelines was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of retro urine drug screen on December 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen test, quantity: 1 (date of service: 12/16/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

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

Decision rationale: Based on the 12/16/14 progress report provided by treating physician, the patient presents with pain to lumbar and thoracic spines. The request is for RETROSPECTIVE URINE DRUG SCREEN TEST, QUANTITY :1 (DATE OF SERVICE: 12/16/14). Patient's medications include Tramadol, Gabapentin, Lidocaine patches and Soma. Urine sample collected on 12/16/14 to monitor medication compliance. The patient is working full duty. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. MTUS does support urine drug screens for compliance or aberrant behavior. However, the issue in this case appears to be the frequency of drug testing. MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. Treater does not explain why another UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, 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 behavior, either. Therefore, the retrospective request for urine drug screen IS NOT medically necessary.