MAXIMUS Federal Services

Case Number:	CM15-0015857		
Date Assigned:	02/03/2015	Date of Injury:	10/26/2010
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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 54 year old female, who sustained an industrial injury on 10/26/2010. She is status post left shoulder decompression, biceps tenodesis, and distal clavicle excision on 11/17/2011. The diagnoses have included lumbar spine facet syndrome, lumbar spine sciatica, lumbar spine degenerative disc disease, lumbar spine radiculitis, shoulder bursitis and chronic pain syndrome. Treatment to date has included physical therapy and medications. Currently, the IW complains of pain in the ileolumbar ligaments with radiation to the bilateral lower extremities with intermittent numbness and tingling. She reports weakness of the bilateral legs but no falls. Objective findings included tenderness to palpation in the bilateral paraspinal area and sacroiliac joints. There is no response to bilateral deep tendon reflexes at the patellar and Achilles tendons. Straight leg raise is positive. The plan includes epidural steroid injection and medications. Magnetic resonance imaging (MRI) of the lumbar spine dated 11/03/2014 showed multilevel broad based bulges in conjunction with facet hypertrophy and mild central canal narrowing. On 1/13/2015, Utilization Review non-certified a request for urine toxicology, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On 1/18/2015, the injured worker submitted an application for IMR for review of urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS page 78 Opioids, Official Disability Guidelines (ODG) Integrated Treatment/ Disability Duration Guidelines Pain (Chronic) Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing

Decision rationale: This patient presents with pain in the bilateral iliolumbar ligament with some radiation of pain down the bilateral lower extremities and intermittent numbness and tingling sensations affecting the bilateral legs. The current request is for urine toxicology. The utilization review denied the request stating that "in order to determine whether the UDS is consistent with medical guidelines, [redacted] is requested to provided documentation of whether a qualitative of quantitative screen is to be performed along with documentation of the drugs to be included in the screen." The MTUS Guidelines page 76 under opiate management: J. "consider the use of urine drug test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. The medical file provided for review includes progress reports dated 08/12/2014, 09/26/2014, 11/14/2014, 11/09/2014, and 12/19/2014. According to these reports, the patient is utilizing naproxen, omeprazole, and Flexeril. There is no indication that the patient is utilizing any opiates to consider a urine drug screen. ODG states that once yearly screening is sufficient for "chronic opiate use in low risk patient." Given the patient is not on any opioids, the requested urine toxicology is not medically necessary.