

Case Number:	CM15-0018901		
Date Assigned:	02/06/2015	Date of Injury:	01/11/2006
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45 year old male, who sustained an industrial injury on 1/11/2006. The diagnoses have included myalgia and myositis, unspecified, thoracic or lumbosacral neuritis or radiculitis, unspecified, insomnia, unspecified, and depressive disorder, not elsewhere classified. Treatment to date has included conservative measures. Magnetic resonance imaging of the lumbar spine, dated 1/31/2013, noted a 2mm disc bulge at the L5-S1 level. Urine drug screen (UDS) was submitted for 6/10/2014. The Utilization Review report referenced UDS on 2/25/2014, 4/25/2014, 6/10/2014, 9/11/2014, and 12/02/2014, without abnormal results. The PR2 report, dated 8/01/2014, noted complaints of constant back pain, rated 7-10/10. He reported decreased pain with current medications. He was not working. Physical exam revealed restricted range of motion to the thoracic and lumbar spine, multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature. Current medications were not noted. No documented abuse, diversion, hoarding, or evidence of illicit drug use was noted. On 1/05/2015, Utilization Review non-certified a request for urine drug screening, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are myalgia and myositis; thoracic or lumbosacral neuritis or radiculopathy; insomnia and depressive disorder. The documentation does not contain a risk assessment. A risk assessment determines whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation shows a urine drug screen was performed February 2014, April 2014, June 2014, September 2014 and December 2014. There were no inconsistent findings. Consequently, absent clinical documentation with a risk assessment accompanied by multiple consistent urine drug tests performed in the absence of a clinical indications or rationale, and additional urine drug screen is not medically necessary.