

Case Number:	CM15-0112925		
Date Assigned:	06/19/2015	Date of Injury:	12/27/2011
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 39 year old male with an industrial injury dated 04/11/2013 resulting in low back pain. His diagnoses included right ankle pain, status post nail penetrating injury to his right heel, status post right foot surgery 12/2012, low back pain, lumbar spinal stenosis at lumbar 3-4 and lumbar 4-5, lumbar discogenic pain with disc tear seen at level 5-sacral 1 level and lumbar radiculitis/radiculopathy. Prior treatment included physical therapy, shoe insert and medications. The provider documents an epidural steroid injection has been approved. He presented on 05/15/2015 with complaints of low back pain which radiated to both legs. He rated the pain as 9/10 without the pain medication and 6/10 with the pain medication. The pain is aggravated by standing and alleviated by sitting. The pain medication also helped. Physical exam revealed negative straight leg raising bilaterally. Strength was normal in both lower extremities. He ambulates independently without any assistive device, primarily walking on the toes of the right foot without putting weight on his right heel. The treatment request is for retrospective (date of service unknown) alcohol testing any method other than breath and retrospective (date of service unknown) high complexity qualitative urine drug screen immunoassay method.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: unknown) high complexity qualitative urine drug screen immunoassay method: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: The requested Retrospective (DOS: unknown) high complexity qualitative urine drug screen immunoassay method, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing," recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has low back pain which radiated to both legs. He rated the pain as 9/10 without the pain medication and 6/10 with the pain medication. The pain is aggravated by standing and alleviated by sitting. The pain medication also helped. Physical exam revealed negative straight leg raising bilaterally. Strength was normal in both lower extremities. He ambulates independently without any assistive device, primarily walking on the toes of the right foot without putting weight on his right heel. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Retrospective (DOS: unknown) high complexity qualitative urine drug screen immunoassay method is not medically necessary.

Retrospective (DOS: unknown) alcohol testing any method other than breath: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19895140>.

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

Decision rationale: The requested Retrospective (DOS: unknown) alcohol testing any method other than breath, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has low back pain which radiated to both legs. He rated the

pain as 9/10 without the pain medication and 6/10 with the pain medication. The pain is aggravated by standing and alleviated by sitting. The pain medication also helped. Physical exam revealed negative straight leg raising bilaterally. Strength was normal in both lower extremities. He ambulates independently without any assistive device, primarily walking on the toes of the right foot without putting weight on his right heel. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Retrospective (DOS: unknown) alcohol testing any method other than breath is not medically necessary.