

Case Number:	CM15-0114635		
Date Assigned:	06/22/2015	Date of Injury:	12/15/1999
Decision Date:	07/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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 61 year old male, who sustained an industrial injury on 12/15/1999. Diagnoses have included status post lumbar laminectomy-discectomy, status post anterior and posterior fusion of L5-S1 and total disc arthroplasty of L4-5 and left S1 radiculopathy. Treatment to date has included surgery and medication. According to the progress report dated 6/4/2015, the injured worker complained of lower back pain with pain and numbness radiating into his left lower extremity and into his left foot. He rated his lower back pain as 5/10. He rated his pain as 4/10 with the use of medication and 8-9/10 without medication. He was taking four Norco tablets per day. Objective findings revealed tenderness over the lumbosacral spine and over the bilateral lumbar paraspinal muscles. Muscle spasms were noted. Authorization was requested for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Urine drug testing (UDT) (2015).

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one urine drug screen 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. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are status post lumbar laminectomy - discectomy; status post anterior and posterior fusion L5 - S1 and total disk arthroplasty L4 - L5; and left S1 radiculopathy. The injured worker had a urine drug toxicology screen dated March 2, 2015. The results were consistent. There are three additional urine drug toxicology screens performed over the prior 12 months. All were consistent. There is no clinical rationale the medical record for repeating a urine drug test. Consequently, absent clinical documentation with a risk assessment and clinical indication and rationale for repeating a urine drug toxicology screen with four prior consistent urine drug screens performed over the prior 12 months, one urine drug screen is not medically necessary.