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| Case Number: | CM15-0117146 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 03/13/2000 |
| Decision Date: | 08/10/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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: Family Practice

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 73 year old male, who sustained an industrial injury on March 13, 2000. The injured worker was diagnosed as having lumbar discopathy with disc displacement, lumbar radiculopathy and sacroiliac joint arthropathy. Treatment to date has included medication, surgery and home exercise program (HEP). A progress note dated March 26, 2015 provides the injured worker complains of sacroiliac joint pain radiating down both legs with numbness and tingling. Physical exam notes well healed lumbar surgical scar, tenderness on palpation of the sacroiliac joints and positive Fabere and Patrick's test. The plan includes home exercise program (HEP), medication and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Toxicology Testing, as an outpatient: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This patient receives treatment for chronic low back pain. The medical diagnoses include lumbar disc disease with radiation and sacroiliac joint arthropathy. The patient has undergone surgery but still has pain. This review addresses a request for a urine drug test. On physical exam there is tenderness to the SI joints on palpation as well as positive testing on Fabere and Patrick's tests. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.