MAXIMUS Federal Services

Case Number:	CM15-0117181		
Date Assigned:	06/25/2015	Date of Injury:	03/10/2006
Decision Date:	07/28/2015	UR Denial Date:	06/02/2015
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: Arizona, Texas
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 67 year old male, who sustained an industrial injury on 3/10/06. He has reported initial complaints of a low back injury. The diagnoses have included spinal stenosis lumbar status post discectomy, multi-level cervical disc desiccation and bulging with stenosis, depression, anxiety and hypertension. Treatment to date has included medications, diagnostics, urine drug screen, activity modifications, surgery, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 5/13/15, the injured worker complains of a chronic aching back pain, neck pain, bilateral leg pain, bilateral arm pain and bilateral foot pain that he rates 3-8/10 on pain scale. He states that the medications are effective in relieving the pain. The physical exam of the lumbar spine reveals swelling, tenderness over the muscles of the lumbar region, muscle spasm bilaterally, and there is decreased lumbar range of motion noted in all planes. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and electromyography (EMG) /nerve conduction velocity studies (NCV). The current medications included Tramadol, Lyrica and Cyclobenzaprine. There is no previous urine drug screen reports noted in the records. The physician requested treatment included Toxicology-Urine drug screen x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology-Urine drug screen x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency sited. In this case the documentation doesn't support that the provider is concerned that the patient is abusing or misusing medications. The need for twelve urine toxicology tests is not supported by the documentation. The request is not medically necessary.