

Case Number:	CM15-0118306		
Date Assigned:	06/26/2015	Date of Injury:	05/29/2008
Decision Date:	07/27/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 55 year old male with a May 29, 2008 date of injury. A progress note dated May 12, 2015 documents subjective complaints (lower back pain that radiates down both legs; pain is worse than last visit; pain rated at a level of 10/10 without medications and 8/10 with medications; current pain level 7/10), objective findings (spinal cord stimulator needle insertion sites well healed without signs or symptoms of infection; positive straight leg raise bilaterally; moderate decreased lumbar extension due to pain; severe pain with lateral left rotation of the lumbar spine; waddling gait; walks with a walker), and current diagnoses (lumbar post laminectomy syndrome; lumbar radiculopathy; chronic pain syndrome). Treatments to date have included medications, spinal surgery, spinal cord stimulator trial, and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

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

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

Decision rationale: 1 Urine drug screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that 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 indicates that the patient has had regular month's urine drug screens with no evidence on documentation of aberrant behavior. This is not per the MTUS Guidelines which recommend random drug screens and not at the frequency for low risk behavior that the ODG recommends to have urine drug screens performed. For these reasons the request for urine drug screen is not medically necessary.