

Case Number:	CM15-0118362		
Date Assigned:	06/26/2015	Date of Injury:	12/13/2010
Decision Date:	07/28/2015	UR Denial Date:	05/18/2015
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: 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 68-year-old male who sustained an industrial injury on 12/13/2010. The injured worker was diagnosed with lumbar intervertebral disc degeneration and lumbar radiculitis. The injured worker is status post L3-4 and L4-5 laminectomy/discectomy on June 27, 2014. The injured worker has a medical history of diabetes mellitus. Treatment to date has included diagnostic testing, surgery, physical therapy, lumbar interlaminar epidural steroid injections and medications. According to the primary treating physician's progress report on May 11, 2015, the injured worker continues to experience low back pain, stiffness and hip pain. The injured worker rates his pain level at 5/10. Gait was stable. Examination of the lumbosacral spine demonstrated left pain with positive pelvic thrust with Valsalva, positive Faber maneuver on the left, positive stork maneuver on the left, pain to palpation over the left sacroiliac (SI) and positive Patrick's maneuver on the left. There was pain to palpation over L3 through S1 facet capsules with rotational extension. Muscle strength of the right foot dorsiflexors was 2/5, right hip flexors 4/5 with other bilateral muscle groups at 5-/5. There was 1+ pitting edema bilaterally. The feet were cool to touch bilaterally. The dorsalis pedis and posterior tibialis pulses were non- palpable bilaterally. Onychomycosis was present. Current medications are listed as Norco 10/325mg, Nucynta, Gabapentin and topical analgesics. Treatment plan consists of left sacroiliac (SI) injections, back brace and the current request for a urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Criteria for use of Urine Drug Testing (UDT).

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, 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 workers working diagnoses are lumbar intervertebral disc degeneration and lumbar radiculitis. The date of injury is December 13, 2010. The request for authorization and most recent progress note are dated May 11, 2015. Subjectively, the work has ongoing low back pain. There are no urine drug toxicology screens in the medical record. The injured worker's current medications include Norco 10/325mg and Nucynta ER. There is no documentation demonstrating objective functional improvement with ongoing opiates. There are no pain assessments or risk assessments. There is no clinical rationale to the medical record for urine drug testing. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation of aberrant drug-related behavior, drug misuse or abuse, detailed pain assessments or risk assessments and a clinical indication or rationale for urine drug screen, urine drug screen is not medically necessary.