

Case Number:	CM15-0120544		
Date Assigned:	07/01/2015	Date of Injury:	12/20/2011
Decision Date:	07/30/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/22/2015

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:

This 44 year old male sustained an industrial injury to the back on 12/20/11. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, epidural steroid injections, trigger point injections, lumbar fusion (12/6/12) and medications. In a PR-2 dated 10/13/14, the injured worker complained of ongoing pain to the cervical spine, thoracic spine, lumbar spine and right shoulder. Physical exam was remarkable for no bruising, swelling, atrophy or lesion to the spine or right shoulder. Current diagnoses included cervical spine pain, cervical spine radiculopathy, cervical spine sprain/strain, thoracic spine muscle spasm, thoracic spine pain, thoracic spine sprain/strain, lumbar spine sprain/strain, right shoulder muscle spasm, right shoulder pain and right shoulder sprain/strain. The treatment plan included continuing medications (Naproxen Sodium, Tizanidine, Norco, topical compound creams). The injured worker underwent a urine drug screen during the office visit to rule out medications toxicity.

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 Opioids Ongoing Use.

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 testing 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 relevant working diagnoses are lumbosacral neuritis; sprain thoracic region; sprain lumbar region; spasm of muscle; lumbago; sprain neck; sprain lumbosacral; cervicalgia; brachial neuritis; joint pain shoulder; sprain shoulder/arm, etc. The date of injury is December 20, 2011. The request for authorization is dated June 11, 2015. The most recent progress note in the medical record is dated January 13, 2015. There are no contemporaneous progress notes by the requesting provider in the medical record. Utilization review indicated a June 4, 2015 progress note was reviewed. There was no documentation of aberrant drug-related behavior, drug misuse or abuse. Prior urine drug screens were not available for review. Consequently, absent contemporaneous clinical documentation on or about the date of request for authorization dated June 11, 2015, urine drug testing is not medically necessary.