

Case Number:	CM15-0123119		
Date Assigned:	07/07/2015	Date of Injury:	03/01/2012
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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 64-year-old female, who sustained an industrial injury on 3/1/12. The injured worker was diagnosed as having facet-mediated pain at L4-5 and L5-S1 on the right, myofascial sprain/strain with 2mm posterior disc protrusion at L3-S1, and right sacroiliac joint dysfunction. Treatment to date has included medication such as Naprosyn, Pantoprazole, Gabapentin, Lovastatin, and Atorvastatin. Currently, the injured worker complains of low back pain with occasional bilateral leg pain. The treating physician requested authorization for urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 935, Chronic Pain Treatment Guidelines.

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 toxicology 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 working diagnoses are facet mediated pain L4 - L5 and L5 - S1 on the right; myofascial sprain strain with 2 mm disc protrusion posterior at L3 - L4, L4 - L5 and L5 - S1; and right sacroiliac joint dysfunction. The date of injury is March 1, 2012. The request for authorization is dated May 26, 2015. There are no progress notes from the requesting provider in the medical record. As a result, there is no clinical discussion, clinical indication or rationale for urine drug toxicology screen. Documentation from a pain management provider states the injured worker is taking Naprosyn, pantoprazole, gabapentin and statin medications. The injured worker does not take opiate containing medications or any controlled substances. There are no risk assessments in the medical record. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with opiate use, aberrant drug-related behavior with drug misuse or abuse and clinical documentation from the requesting provider with the clinical discussion, indication or rationale for a urine drug toxicology screen, urine toxicology testing is not medically necessary.