

Case Number:	CM15-0123321		
Date Assigned:	07/07/2015	Date of Injury:	10/08/1998
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
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 56 year old female, who sustained an industrial injury on October 8, 1998. Treatment to date has included opioid medications, epidural steroid injection, home exercise program, and topical compounds. Currently, the injured worker complains of low back pain and reports limited range of motion of the lumbar spine. The pain is moderate in intensity and is of a chronic nature. On physical examination, the injured worker has mild to moderate pain of the lower lumbar spine with mild stiffness and soreness. She has loss of motion of the lumbar spine and had negative straight leg raise tests bilaterally. Her gait was antalgic to the right her lumbar spine was hypolordotic and lordotic in appearance. Her current medications include Prilosec, Celebrex, G30-gabapentin/ketoprofen/lidocaine topical compound and KW30-ketoprofen/cyclobenzaprine/capsaicin/menthol/camphor topical compound. The diagnoses associated with the request include long-term use of medications. The treatment plan includes continued home exercise program and weight loss, continued Celebrex, compounded topical medications, and back support. A request was received for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Substance abuse (tolerance, dependence, addiction); Opioids, indicators for addiction & misuse.

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 screening 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 lumbosacral spondylosis without myelopathy; thoracic or lumbosacral neuritis or radiculitis unspecified; displaced the lumbar inter-vertebral disc without myelopathy; backache unspecified; lumbago; and encounter for therapeutic drug monitoring. The date of injury is October 8, 1998. The request for authorization was dated May 27 2015. There are two progress notes on or about the date of request for authorization. One progress note is dated April 13, 2015 and one-progress notes dated June 15, 2015. There is no clinical discussion, clinical indication or rationale for urine drug screen. The injured worker is presently not taking opiate-based medications or controlled substances. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment. Consequently, absent clinical documentation with the clinical discussion, indication or rationale for a urine drug toxicology screen and documentation of ongoing opiate use, urine toxicology screening is not medically necessary.