

Case Number:	CM15-0123342		
Date Assigned:	07/07/2015	Date of Injury:	08/20/2003
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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 58 year old female who sustained an industrial injury on 08/20/2003. The injured worker was diagnosed with lumbar/lumbosacral disc degeneration, lumbago and degenerative joint disease right knee. The injured worker has a medical history of diabetes mellitus and hypertension. There was no documentation of invasive surgical interventions. Treatment to date has included diagnostic testing, physical therapy, home exercise program, Synvisc injection (latest approximately March 2015) and medications. According to the primary treating physician's progress report on May 15, 2015, the injured worker continues to experience back pain radiating to her left lower extremity and bilateral knee pain. The injured worker rates her pain level without medications at 8.5/10 reduced to 2-3/10 with medications. The injured worker wishes to hold off on a right total knee replacement and physical therapy for the knee at this time. Evaluation demonstrated an antalgic gait without assistive devices. There was no further documentation of objective findings for this office visit. According to the medical records dated April 20, 2015, the lumbar spine demonstrated tenderness to palpation at the lumbosacral junction with range of motion decreased by 60% with flexion, 70% with extension and 50% with rotation bilaterally. Sensations were decreased to light touch along the left lower extremity more than the right lower extremity. Motor strength was 5/5 in the bilateral lower extremities with negative straight leg raise. The injured worker continues to work. Current medications are listed as Norco 10/325mg, Cyclobenzaprine, Naproxen, Trazodone, Lidoderm Patch and Pantoprazole. Treatment plan consists of scheduling the authorized magnetic resonance imaging (MRI) of the lumbar spine, lumbar epidural steroid injection, home exercise program and the current request for a urine drug screen semi-quantitative (DOS: 05/15/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen semi-quantitative collected on 05/15/15 and ongoing medical necessity qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse & addiction; Opioids, differentiation: dependence & addiction Page(s): 77, 88. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) (updated 04/30/15).

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 semi-quantitative collected on May 15, 2015 and ongoing medical necessity #1 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 generation lumbar lumbosacral disc; lumbago; pain joint lower leg right knee; pain in joints lower leg; and long-term use of medications NEC. The date of injury is August 20, 2003. The request for authorization is dated May 28, 2015. The most recent progress notes dated May 13, 2015. Subjectively, the injured worker has complaints of chronic low back pain and bilateral knee pain. Current medications include Flexeril, Lidoderm, Norco, trazodone, naproxen and pantoprazole. The treating provider requested a UDS to determine if a change in the treatment plan is indicated. 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. Urine drug screens are not indicated to determine if a change in the treatment plan is indicated. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record. Consequently, absent clinical documentation with a clinical indication and rationale for urine drug screen (according to the guidelines) and documentation of aberrant drug-related behavior, drug misuse or abuse, urine drug screen semi-quantitative collected on May 15, 2015 and ongoing medical necessity #1 is not medically necessary.

