

Case Number:	CM15-0123892		
Date Assigned:	07/08/2015	Date of Injury:	12/23/2002
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old male, who sustained an industrial injury on December 23, 2002. He reported an injury to his low back after a fall. Treatment to date has included lumbar epidural steroid injection, medications, physical therapy, and activity modifications. Currently, the injured worker complains of continued left lower extremity radicular pain. He describes the pain as sharp, shooting pain with associated numbness and tingling in the left buttock that travels to his left foot. He rates his pain a 7 on a 10-point scale and notes aggravation of pain with prolonged standing and upon waking. He takes Naproxen and Norco which provide over 50% pain relief and notes that his medication regimen allows him to continue work and remain active. He reported that a previous lumbar epidural steroid injection provided complete resolution of radicular pain for several years. The diagnosis associated with the request is radicular syndrome. The treatment plan includes lumbar transforaminal epidural steroid injection, Norco, Naproxen, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 1 Urine toxicology (DOS 5/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: Retrospective request: 1 Urine toxicology (DOS 5/18/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicates that prior urine drug screen in Jan. 2015 was consistent. There is no documentation of aberrant behavior therefore the request for urine drug screen is not medically necessary.