

Case Number:	CM15-0124065		
Date Assigned:	07/08/2015	Date of Injury:	03/18/1992
Decision Date:	08/06/2015	UR Denial Date:	05/22/2015
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 67 year-old female who sustained an industrial injury on 03/18/92. She reported neck and low back pain. Initial diagnoses and treatments are not available. Current diagnoses include lumbago, cervicalgia, fibromyalgia, hip/pelvic pain, and joint dysfunction. Treatments to date include topical cream, and narcotic pain medication management. In a progress note dated 01/07/15 the injured worker reports ongoing aching neck and back pain. She is doing well on the current dose of medications and her pain scale is low at a 2 on a 10 point analog pain scale. She is able to accomplish all of her activities of daily living and she is stable on her medications. She complains of anxiety and depression. Physical examination was remarkable for tenderness to the lumbar spine and left sacroiliac joint, with crepitus, and decreased range of motion; Patrick's test is positive. Plan of care includes adjustment of pain/anxiety medications, and vocational therapy. Drug screen urinalysis on 03/09/15 was positive for benzodiazapines, natural/semi-synthetic opioids, and stimulants. The injured worker followed-up with treating provider on 05/01/15 for long use of prescription pain/anxiety medications. Repeat urine drug testing on 05/04/15 was positive for opiates. Treatment request is for retrospective review for date of service 03/09/15: for services provided for outpatient (Pain panel) urine drug screen. The injured worker is permanently disabled. The date of Utilization Review is 05/22/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (Pain panel) urine drug screen (DOS) 03/09/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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, retrospective (pain panel) urine drug screen date of service March 9, 2015 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 lumbago, low back pain; cervical pain, cervicalgia; myofascial pain syndrome, fibromyalgia; hip/pelvic pain; and SI joint dysfunction. The date of injury is March 18, 1992. The request for authorization is dated April 27, 2015. There is no progress note documentation dated March 9, 2015. There is a progress note dated January 7, 2015 and May 1, 2015. January 7, 2015 progress note indicates the injured worker is doing well with complaints of back pain. The injured worker is using topical analgesics and takes Norco and temazepam. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment present. Similarly, in the May 1, 2015 progress note, there is no aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale for a urine drug toxicology screen date of service March 9, 2015 in the absence of a progress note containing that information. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective (pain panel) urine drug screen date of service March 9, 2015 is not medically necessary.