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| Case Number: | CM15-0125061 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 04/03/2000 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 4/3/00. The injured worker was diagnosed as having chest pain and multiple failed back surgeries. Treatment to date has included medication such as Tramadol and Toradol. Currently, the injured worker complains of pain in the left sided lumbar paravertebral muscles on palpation and pain and spasm of the right sided paravertebral muscles. The treating physician requested authorization for a 12-panel urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-panel urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: Date claimant had a remote history of a work injury occurring in April 2000 and continues to be treated for low back pain. He has a history of multiple spinal surgeries. Medications being prescribed include tramadol. Urine drug screening was performed in March 2015 and was consistent with the medications being prescribed. When seen, he was ambulating slowly and had an antalgic gait. Pain was rated at 9/10 and only mildly relieved with tramadol. A Toradol injection was administered and tramadol was refilled. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening less than one year after the previous testing was not medically necessary.