

Case Number:	CM15-0127168		
Date Assigned:	07/13/2015	Date of Injury:	11/10/2009
Decision Date:	08/12/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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 48 year old who sustained an industrial injury on 11/10/2009. Mechanism of injury was not documented. Diagnoses include lumbar sprain strain with multilevel lumbar degenerative disc disease with disc protrusion and foraminal stenosis, lumbar radiculopathy left lower extremity, lumbar facet syndrome status post radiofrequency ablation, chronic pain syndrome, and GI symptoms secondary to medication use. Treatment to date has included diagnostic studies, medications, acupuncture sessions, facet ablation, physical therapy and chiropractic treatments, yoga, swimming and elliptical exercises. His medications include Norco for breakthrough pain and Oxycodone for severe breakthrough pain, Gabapentin for neuropathic pain, Diclofenac as an anti-inflammatory in conjunction with Omeprazole for gastritis and dyspepsia secondary to NSAID usage. He continues to work. A physician progress note dated 05/08/2015 documents the injured worker is seen for complex pain management. His medications are beneficial in reducing pain and improving function. He complains of pain in the lower back affecting the left greater than the right lower extremity. He also has weakness when pain levels are high. He rates his pain as 6 out of 10 with his current medications on the Visual Analog Scale, and without medications his pain is 9 out of 10. The treatment plan includes reordering medications, and he is waiting scheduled for transforaminal epidural steroid injections. He will return to the clinic in one month. Treatment requested is for Retrospective Active Medicated Specimen Collection Kit (DOS 05/08/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Active Medicated Specimen Collection Kit (DOS 05/08/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (2015).

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) Urine Drug Test and Other Medical Treatment Guidelines Medscape Internal Medicine 2014- Active Medicated Specimen Collection Kit.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The FDA has approved the new Medicated Specimen Collection Kit. The process is the same as normal (specimen collected, specimen sent to lab (via Fed Ex), lab sends results to practice). The difference is that it contains a diuretic and medicated towelettes and has an NDC number assigned in the national Red Book database. There was no specific indication for the requested Active Medicated Specimen Collection Kit. Per the documentation, the claimant has undergone previous standard urine drug screen testing. Medical necessity for the requested item is not established. The requested item is not medically necessary.