

Case Number:	CM15-0128291		
Date Assigned:	07/15/2015	Date of Injury:	04/18/2001
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/03/2015

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:

This female sustained an industrial injury to the low back on 4/18/01. Magnetic resonance imaging lumbar spine (12/19/14) showed degenerative disc disease. In a PR-2 dated 2/9/15, no aberrant behavior was noted. Urine drug test and CURES report were consistent with current therapy. In a PR-2 dated 4/7/15, no aberrant behavior was noted. Urine drug test from 3/10/15 was consistent with prescribed medications. The injured worker reported that she was not doing well. The injured worker reported that current analgesia was poor due to tapering of medications. The injured worker was interested in an intrathecal pump. Physical exam was remarkable for an antalgic gait. The injured worker was described as tearful, anxious, alert, oriented, lucid and unimpaired. Current diagnoses included lumbar failed back surgery syndrome, lumbar spine degenerative disc disease with intractable low back pain, bilateral lower extremity radiculopathy, chronic deep vein thrombosis and medication weaning. The treatment plan included decreasing MS Contin, requesting pool therapy and acupuncture and continuing Norco and Lexapro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen (DOS 9/17/14, 3/10/15, 2/9/15, 4/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure last updated 04/06/2015.

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) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug screen (DOS: September 17, 2014; February 9, 2015; March 10, 2015; and April 7, 2015) is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, 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 lumbar DDD with intractable back pain; bilateral lower extremity radiculopathy; insomnia; depression; chronic DVT; constipation; and situational stress. Subjectively, the worker is complaining of pain. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. The treatment plan does not contain a request for urine drug toxicology screen. There is no risk assessment of the medical record. The documentation shows an inconsistent UDS from September 17, 2014. The hardcopy UDS result is not in the medical record. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, and a treatment plan that does not contain a request, clinical indication or rationale for urine drug screens, retrospective urine drug screen (DOS: September 17, 2014; February 9, 2015; March 10, 2015; and April 7, 2015) is not medically necessary.