MAXIMUS Federal Services

Case Number:	CM15-0170934		
Date Assigned:	09/11/2015	Date of Injury:	04/22/2015
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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(n) 45 year old female, who sustained an industrial injury on 4-22-15. The injured worker was diagnosed as having L5-S1 radiculopathy, L5-S1 disc degeneration and L5-S1 stenosis. The physical exam (5-29-15 through 7-9-15) revealed a positive straight leg raise test on the left and 6-7 out of 10 pain. Treatment to date has included a lumbar MRI on 5-13-15 and chiropractic treatments x 4 with no relief. Current medications include Wellbutrin, Norco, Codeine #3 and Neurontin. There is no documentation of suspected drug abuse or non-compliance. The urine drug screen on 7-13-15 showed abnormal creatinine levels. As of the PR2 dated 7-13-15, the injured worker reports central back pain as well as left leg pain from the anterior and posterior thigh. Objective findings include a positive straight leg raise test on the left at 80 degrees. The treating physician requested a urine drug screen. On 8-7-15, the treating physician requested a Utilization Review for a urine drug screen. The Utilization Review dated 8-14-15, modified the request for a urine drug screen to CPT code G0424 drug screen, other than chromatographic; any number of drug classes, by clia waived test or mod; 3. Erate complexity test, per patient encounter x 1 unit x 1 and CPT code G6031, benzodiazepines x 1 unit, collected on DOS: 07-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, (retrospective DOS 07/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Screening.

Decision rationale: MTUS Guidelines support periodic drug screening when opioids are utilized, however the MTUS Guidelines do not address the issues of what type of tests or the frequency of testing are medically reasonable and necessary. ODG Guidelines address these issue and the Guidelines recommend simple point of service screening (POS) for initial testing. Only if there are discrepancies is lab based secondary testing recommended. No discrepancies are present in the testing. Benzodiazepines are reported to be present in the urine test, however this is consistent with the use of Restoril which the PTP reports she has been utilizing. Restoril is a Benzodiazepine. There is no medical justification for the lab based urine drug testing performed on 7/13/15. A POS screen would have been adequate and supported by Guidelines. The Urine drug screen, (retrospective DOS 07/13/15) is not supported by Guidelines and is not medically necessary.