

Case Number:	CM15-0171098		
Date Assigned:	10/06/2015	Date of Injury:	08/09/2014
Decision Date:	11/13/2015	UR Denial Date:	08/24/2015
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 32 year old male who sustained an industrial injury on August 09, 2014. A primary treating office visit dated October 28, 2014 reported subjective complaint of "severe to moderate radiating low back pain that has been slightly decreased in pain intensity with acupuncture." There is also complaint of "neck, mid back and left elbow pains" ranging from constant to frequent, moderate to severe, and slight improved, ongoing radiating soreness and stiffness. The following diagnoses were applied to this visit: lumbar spine strain and sprain with radiculopathy rule out disc bulges; cervical spine sprain and strain with radiculopathy rule out disc bulges; thoracic spine sprain and strain, and left elbow sprain and strain, tendinitis rule out cubital tunnel syndrome. He has undergone acupuncture sessions, home exercises, aquatic therapy, and diagnostic testing. There is recommended request for: additional acupuncture care and nerve conduction study of all extremities. At orthopedic follow up dated June 04, 2015 noted medication as "Ibuprofen." At orthopedic follow up dated June 25, 2015, there were no medications prescribed and no report of current medication regimen. Primary treating office visit dated August 06, 2015 reported the following being prescribed this visit: Ultram, Anaprox, and urine drug screening. The medical records provided did not show evidence of the worker's consumption of medications, or outcomes and or benefit; only one check box marked off stating Ibuprofen noted. On August 06, 2015, a request was made for a urine drug toxicology testing that was noncertified by Utilization Review on August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), 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. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, there is no indication that the injured worker is taking an opioid medication. Per the last progress report, the only noted medication was Ibuprofen; therefore, the request for urine drug screen is determined to not be medically necessary.