

Case Number:	CM15-0172243		
Date Assigned:	09/14/2015	Date of Injury:	12/10/2002
Decision Date:	10/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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:

The injured worker is a 47 year old male with an industrial injury dated 12-10-2002. Review of the medical records indicate he is being treated for mild scoliosis mid-thoracic spine, disc bulges-annular tear at lumbar 4-5, bilateral carpal tunnel syndrome and abdominal pain. He presents on 08-12-2015 with complaints of back pain rated as 7 on a scale of 1-10. He was also complaining of back stiffness, numbness in the right and left leg, radicular pain in right and left leg and weakness in right and left leg. Physical exam of lumbar sacral area is documented as showing positive pelvic thrust right, pain with Valsalva, positive FABER maneuver bilateral, pain to palpation over the lumbar 4-5 and lumbar 5- sacral 1 spinous processes bilateral, secondary myofascial pain with triggering, ropey fibrotic banding and spasm bilateral. Bilateral stork test was positive. There was pain over sacroiliac joint. His current medications included Duloxetine, Linzess, Methadone, Neurontin, Norco, Nuvigil, Prilosec and Wellbutrin. The provider documented (08-12-2015 and 07-15-2015 notes) the following: "Medication was reviewed and drug-drug interaction (DDI) was checked, he has no side effects, no complications, no aberrant behavior, urine drug screen on March 25, 2015 the most recent was within normal limits as they all are, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing with about 50% improvement in pain." The most recent urine drug screen report is dated 07-24-2015. Prior treatments included physical therapy, chiropractic therapy, acupuncture and medications. The treatment request is for urine drug screen. On 08-26-2015 the request for urine drug screen was denied by utilization review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Criteria for Use of Urine Drug Testing; ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing 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 bilateral carpal tunnel syndrome with right ulnar nerve entrapment; global fusion L4 - L5 and L5-S1; acute withdrawal from Effexor XR; hardware removal January 2009; bilateral radiculopathy and chronic pain syndrome. Date of injury is December 10, 2002. Request for authorization is August 19, 2015. According to a progress note dated August 12, 2015, the injured worker subjectively complains of chronic low back pain 7/10. Opiate medications include methadone, Norco and Nuvigil. The injured worker had urine drug toxicology screens September 30, 2014, March 25, 2015 and July 27, 2015. All urine drug screens were consistent. There is no documentation showing aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale for a repeat urine drug toxicology screen. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of aberrant drug-related behavior, drug misuse or abuse, three prior consistent urine drug toxicology screens and no clinical indication or rationale for a repeat urine drug screen, urine drug testing is not medically necessary.