

Case Number:	CM15-0173787		
Date Assigned:	09/15/2015	Date of Injury:	08/02/2013
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 23 year old male with a date of injury of August 2, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral lumbar facet disease. Medical records dated June 15, 2015 indicate that the injured worker complains of low back spasm and pain. Records also indicate that the injured worker was taking medications sporadically and that a urine sample showed that he was not taking medications. A progress note dated July 20, 2015 notes subjective complaints of low back spasm and pain, and that the injured worker was taking medications on a more regular basis. Per the treating physician (July 20, 2015), the employee has returned to work as a machine operator. The physical exam dated June 15, 2015 reveals no changes from an examination performed on April 22, 2015. The examination on April 22, 2015 noted no changes since the examination performed on March 25, 2015. The examination on March 25, 2015 noted no changes from the examination performed on February 26, 2015. The examination on February 26, 2015 notes no changes from the examination performed on January 21, 2015. The progress note dated July 20, 2015 noted no changes from the examination on June 15, 2015. No other physical examinations were submitted for review. Previous urine drug screens note the injured worker was prescribed Tramadol and Gabapentin, and urine drug screens on April 22, 2015 and March 25, 2015 showed that the injured worker was not taking the prescribed medications. Urine drug screens were also documented to have taken place on June 15, 2015, February 26, 2015, and January 21, 2015. The original utilization review (August 5, 2015) non-certified a request for a urine drug screen on the date of service of July 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Outpatient Urine Drug Screen (DOS: 07/20/2015): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, under Urine Drug Testing.

Decision rationale: The patient presents on 07/20/15 with lower back pain rated 4/10 and associated lumbar spasms. The patient's date of injury is 08/02/13. Patient has no documented surgical history directed at this complaint. The request is for Retrospective Outpatient Urine Drug Screen (DOS 07/20/2015). The RFA was not provided. Physical examination dated 07/20/15 is noted to be unchanged from previous encounters, which indicate reduced range of motion on extension, positive Kemp's test, and latissimus dorsi spasms bilaterally. The patient is currently prescribed Tizanidine, Naproxen, Omeprazole, Gabapentin, and Tramadol. Patient is currently working. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. In this case, the request is retrospective for urine drug screening performed point of care during the most recent visit on 07/20/15. Several inconsistent urine toxicology reports were made available for review. Inconsistent UDS dated 03/25/15 lacks the presence of Tramadol, which was among this patient's active medications. Urine drug screening dated 04/22/15 was also inconsistent, as it lacked Tramadol, which was actively prescribed to this patient. Given these previously inconsistent urine drug screenings, this patient meets criteria for more frequent urine drug screening and such measures are appropriate to determine future compliance. Therefore, the request is medically necessary.