

Case Number:	CM15-0175314		
Date Assigned:	09/16/2015	Date of Injury:	07/17/2002
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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 44 year old female, who sustained an industrial injury on 7-17-2002. The injured worker was diagnosed as having degenerative disc disease and discopathic pain at L4-5 and L5-S1, lumbar radiculopathy, lumbar facet syndrome, and lumbar spine chronic myofascial pain. Treatment to date has included diagnostics, lumbar epidural steroid injections, and medications. Urine toxicology reports (1-22-2015 and 4-23-2015) were documented as "consistent with medications". CURES (Controlled Substance Utilization Review and Evaluation System) report (5-20-2015) was documented as consistent with medications prescribed. An opioid agreement was documented as signed on 10-16-2014, at which time risk assessment was graded as a "2, which is negative screening". Currently (7-21-2015), the injured worker reported continued improvement of low back pain, following epidural steroid injection on 6-01-2015 (right L5-S1 and right S1 transforaminal approach). She reported greater right leg relief of pain or back pain since the epidural. Pain was rated 3 out of 10 with medication use and 7 out of 10 without. Over the last two weeks, she reported an increasing pain in the left low back that felt "like there is a tight ball pushing on her low back". She was uncomfortable when sitting for prolonged periods of time and felt the low back with increasing achiness, extending down into the left sacroiliac joint and into the leg. She reported medications as helpful, "especially the Mobic for inflammation". She stated that Lyrica helped with neuropathic pain and reported taking Tramadol on an intermittent basis (one to two times a day) for moderate to severe breakthrough pain. No aberrant behavior was described. Random urine toxicology was performed.

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: 7/21/2015): 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): Drug testing. 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 testing date of service July 21, 2015 is not medically necessary. 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. 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 degenerative disc disease and discopathic pain at the L4 - L5 and L5 - S1; lumbar radiculopathy greatly improved with ESI; lumbar facet syndrome; and lumbar spine chronic myofascial pain. Date of injury is July 17, 2002. Request for authorization is July 29, 2015. According to a July 29, 2015 progress note, subjective complaints include low back pain. On April 23, 2015, the injured worker had a consistent urine drug toxicology screen. Medications include tramadol, Mobic and Lyrica. There is no documentation indicating aberrant drug-related behavior or drug misuse or abuse. There is no clinical indication or rationale for a repeat urine drug screen. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating aberrant drug-related behavior, drug misuse or abuse, a consistent urine drug screen on April 23, 2015 and no clinical indication or rationale for urine drug testing, retrospective urine drug testing date of service July 21, 2015 is not medically necessary.