

Case Number:	CM15-0176075		
Date Assigned:	09/17/2015	Date of Injury:	08/29/2013
Decision Date:	10/26/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 45-year-old female who sustained an industrial injury on August 29, 2013. Diagnoses have included lumbago, neuropathy of lower extremities, and history of epilepsy. Documented treatment includes physical therapy stated April 3, 2015 to be effective, pool therapy "with benefits," use of assistive devices including cane and walker which the July 30, 2015 report states she is unable to walk without; and, medications including Phenobarbital, Phenytoin, Lyrica, Ibuprofen and Cyclobenzaprine. She is stated May 29, 2015 to be unable to tolerate Gabapentin. The injured worker continues to report low back pain radiating down her right leg and she states she has weakness in her leg. She has muscle spasms, and noted burning in the right ankle. Symptoms become worse when walking and she has difficulty sleeping due to "nerve pain." She has not been working. She was noted to be dragging her right leg. The treating physician's plan of care includes a urine drug screen which was denied on August 28, 2015. The last drug screen provided in the medical records is dated April 3, 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): Drug testing.

Decision rationale: Regarding the request for a Urine drug screen (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested Urine drug screen is not medically necessary.