

Case Number:	CM15-0179924		
Date Assigned:	09/21/2015	Date of Injury:	07/23/2013
Decision Date:	10/26/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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 33 year old male, who sustained an industrial injury on 7-23-2013. The injured worker was diagnosed lumbago, lumbosacral musculoligamentous strain-sprain with radiculitis, lumbosacral spine disc protrusion with radiculopathy, elevated blood pressure, obesity with weight gain of 50 pounds reported per injured worker, headaches. The request for authorization is for: urine drug screen. The UR dated 9-4-2015: non-certified the request for urine drug screen. On 11-20-2014, a urine drug screen was performed and indicated no drug was prescribed. On 2-19-2015, he reported low back pain rated 7 out of 10 on a visual analogue scale. This is noted to be a decrease from pain level of 7-8 out of 10 on his last visit. Physical findings revealed tenderness and a positive straight leg raise test bilaterally for the low back. The provider noted "the patient states that treatment helps. He also states that acupuncture therapy helps to decrease his pain and tenderness". He was prescribed topical medications. On 7-2-2015, he reported low back and neck pain. He indicated his issues with headaches to be improved since his last visit. He was prescribed Motrin. The medical records do not discuss opioid drugs being prescribed or taken. There is no discussion of aberrant behaviors. The treatment and diagnostic testing to date has included: electrodiagnostic studies (3-9-2015), medications, acupuncture (amount of completed sessions is unclear), aquatic physical therapy (amount of completed sessions is unclear), urine drug screen (11-20-2014).

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 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, 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 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 headaches; lumbosacral spine musculoligamentous sprain strain with radiculitis; lumbosacral spine disc protrusion with radiculopathy; right L5 - S1 radiculopathy; elevated blood pressure; obesity and weight gain 50 pounds. Date of injury is July 23, 2013. Request for authorization is August 10, 2015. The documentation shows in February 2015 the injured worker was on compound creams. In July 2, 2015 progress note shows the injured worker was prescribed Motrin. According to the August 10, 2015 progress note, subjectively the injured worker complains of low back pain 6/10 and headaches. Objectively, there is tenderness to palpation over the paraspinal muscle groups lumbar. There are no medications listed. There is no clinical indication or rationale for urine drug toxicology screen. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for urine drug screen in the absence of a current list of medications, no documentation of the current list of medications and no aberrant drug-related activity, drug misuse or abuse, urine drug testing is not medically necessary.