

Case Number:	CM15-0029210		
Date Assigned:	02/23/2015	Date of Injury:	03/13/2012
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 51 year old male with an industrial injury dated 03/13/2012 when he was hit in the back with a 6 inch branch. His diagnoses include lumbar disc protrusions at L5-S1 and L4-L5, and lumbar radiculopathy. Recent diagnostic testing has included x-rays of the lumbosacral spine and pelvis (03/14/2014) that were unremarkable. There was a request for authorization for a urinalysis dated 05/08/2014, but no results were submitted or discussed. Previous treatments have included conservative care and medications. A progress note dated 11/25/2014 reports that a urine drug screening was completed per the protocol and ACOEM guidelines; however, the results of this screening was not discussed or provided. In a medical exam dated 01/20/2015, the treating physician reports persistent low back pain that is severe at times with radiating pain into the lower extremities. The objective examination revealed an antalgic gait, moderate tenderness in the paravertebral musculature of the lumbar spine without spasms, painful and restricted range of motion of the lumbar spine, positive straight leg raises on the left, and impaired sensation in the lower extremities. The treating physician is requesting a retrospective urine drug screening which was denied by the utilization review. On 01/20/2015, Utilization Review non-certified a retrospective request for a urine drug screen with a date of service 12/16/2014, noting the lack of drug screening results from the test completed on 11/25/2014 or other screenings within the last 12 months, and the lack of evidence of concern for misuse, compliance, or illicit drug use. The MTUS and ODG Guidelines were cited. On

02/17/2015, the injured worker submitted an application for IMR for review of a retrospective request for a urine drug screen with a date of service 12/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine drug screen on (12/16/14) Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July - December." The patient has been on chronic opioid therapy. Medical documentation provided indicates this patient had a urine drug screen in 11/2014, but results were not provided. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Retrospective Urine drug screen on (12/16/14) Qty 1.00 is not medically necessary.