

Case Number:	CM15-0046349		
Date Assigned:	03/18/2015	Date of Injury:	03/05/2013
Decision Date:	04/23/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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 61 year old male who sustained an industrial injury on March 5, 2013. There was no mechanism of injury documented. The injured worker was diagnosed with spondylolisthesis lumbosacral area, sacroiliac ligament sprain/strain, lumbar myofascial sprain/strain and lumbar spinal stenosis. According to the primary treating physician's progress report on January 5, 2015, the injured worker was seen for re-evaluation for the cervical and lumbar spine which was unchanged. Examination of the cervical spine demonstrated paravertebral tenderness with decreased range of motion. The lumbar examination noted tenderness of the bilateral paravertebral muscles and left buttock, sciatic notch and sacroiliac joint tenderness with decreased range of motion at the lumbar spine. Straight leg raise was positive bilaterally. Reflexes at the knee and ankle were decreased bilaterally. Motor and sensory were intact. Current medications are listed as Meloxicam and Nortriptyline. Treatment plan consisted of ice/heat, home exercise program, over the counter non-steroidal anti-inflammatory medications and analgesics as needed, continue with pain management for medications, continue with neurologist, spine consultation and treatment with sacroiliac (SI) injection versus facet block, physical therapy, chiropractic therapy, rigid lumbar corset and the current requested authorization for urine toxicology test four times yearly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four urine toxicology, annually: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screens Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screens.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #4 urine drug screens annually are 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. In this case, the injured workers working diagnoses are spondylolisthesis lumbosacral region; sacroiliac ligament sprain/strain; lumbar myofascial sprain/strain; and spinal stenosis-lumbar. A progress note dated January 5, 2015 shows the injured worker is taking meloxicam and nortriptyline (a nonsteroidal anti-inflammatory drug and an antidepressant). There are no opiates or controlled substances prescribed by the treating physician. A urine drug screen was performed February 9, 2015. The UDS was negative for controlled substances (the injured worker was not taking control substances). Progress note dated January 5, 2015 does not contain a request, a clinical indication or clinical rationale for #4 urine drug toxicology screens annually. Consequently, absent clinical documentation with a clinical indication, rationale and request for #4 your drug toxicology screens annually, #4 urine drug screens annually are not medically necessary.