

Case Number:	CM15-0063069		
Date Assigned:	04/08/2015	Date of Injury:	06/22/1987
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old, male who sustained a work related injury on 6/22/87. The diagnoses have included lumbar stenosis, right lower extremity radiculopathy, severe left hip degenerative joint disease, left greater trochanter bursitis and status post left total hip replacement. Treatments have included x-rays, MRIs, medications, physical therapy and activity modifications. In the PR-2 dated 2/27/15, the injured worker complains of ongoing left hip pain. He rates this pain a 3-4/10 on medications and a 7-9/10 without medication. He complains of lower back pain. He rates this pain a 4-6/10 on medication and 7-9/10 without medication. He complains of radiating pain and numbness over the posterior aspect of right thigh. He rates this pain a 2-4/10 on medication and a 5-8/10 without medication. The requested treatment is for a random urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (DOS: 2/27/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Urine drug testing, Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 77-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines further stipulate a recommendation for monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. This process involves risk stratifying the patient, which can be done using validated tools such as the ORT or SOAPP. Within the documentation available for review, it appears that the provider has recently performed a toxicology test on 10/28/2014. There is documentation that the patient is prescribed controlled substances. Therefore, some form of toxicology screening of urine is appropriate, but there is no risk stratification to determine the appropriate frequency of urine toxicology screens. If a patient is deemed low risk, Official Disability Guidelines state that 1-2 times per year is appropriate. I did not find any risk stratifying information on this patient, but if we were to assume conservatively the patient is low risk, repeating a urine drug screen in Feb 2015 is appropriate as it is still within the ODG. This request is medically necessary.