

Case Number:	CM15-0063273		
Date Assigned:	04/09/2015	Date of Injury:	01/25/2013
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 38 year old male, who sustained an industrial injury on January 25, 2013. He reported low back pain. The injured worker was diagnosed as having insomnia, numbness, lumbar compression fracture, myalgia, lumbar strain, lumbar radicular pain, lumbar facet joint pain, degenerative disc disease, lumbar discogenic pain syndrome, low back pain and chronic pain syndrome. Treatment to date has included diagnostic studies, lumbar injections, medications, back orthotics, physical therapy, conservative care and activity restrictions. Currently, the injured worker complains of continued low back pain with radiating pain to the upper thighs and bilateral calves. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He reported scaffolding collapsing causing him to fall two stories and land on his back. He was treated conservatively without complete resolution of the pain. It was noted he tried and failed lumbar injections. He reported pain control with medications. Evaluation on June 1, 2014, revealed continued pain. A retrospective urinary drug screen for July 2, 2014, was requested. Evaluation on March 17, 2015, revealed continued pain as noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for quantitative urine drug screen to include opiates drug and metabolites x 12, amphetamine/methamphetamine x 3, benzodiazepines x 6, cocaine or metabolite x 1, phencyclidine (PCP) x 1, dihydrocodeinone x 1, dihydromorphinone x 1, Methadone x 1, quant single stationary and mob: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

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. ODG further clarifies frequency of urine drug screening: low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. High risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. The UDS are consistent with the medications he is prescribed. As such, the current request for Retrospective request for quantitative urine drug screen to include opiate drugs and metabolites x 12 (DOS 7/2/14) is not medically necessary.