

Case Number:	CM15-0066608		
Date Assigned:	04/14/2015	Date of Injury:	08/24/1993
Decision Date:	05/20/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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

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 68-year-old female, with a reported date of injury of 08/24/1993. The diagnoses include long-term use of other medications, lumbar spine radiculopathy, lumbar degenerative disc disease, lumbar spinal stenosis, facet joint syndrome, cervical radiculopathy, cervical spinal stenosis, lumbar failed back syndrome, and chronic pain syndrome. Treatments to date have included heat, an MRI of the lumbar spine, a pain pump, and oral medication. The medical report dated 01/19/2015 indicates that the injured worker complained of neck and low back pain. There was bilateral lower extremity radicular pain. Her pain ranges from 5 out of 10 at best to 8 out of 10 at worst. She indicated that the use of her pain medications improve her mood, walking ability, and ability to work or perform household chores. The physical examination showed a normal, non-antalgic gait, and no need for assistive devices. The treating physician requested a urine drug screen for monitoring and to ensure medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen Qty: 1: 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 Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 08/24/1993 and presents with neck pain and back pain. The request is for a urine drug screen. The RFA is dated 03/02/2015 and the patient's work status is not known. The patient had prior urine drug screen conducted on 11/21/2014 which revealed that the patient was consistent with the prescribed medications. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The patient is prescribed with Cyclobenzaprine and Percocet. The patient already had a urine drug screen conducted on 11/21/2014. The 11/21/2014 report states "the patient is taking the medications that I am prescribing safely without significant adverse events or obvious aberrant behavior. The patient denies addiction at this time." The treater does not explain why another UDS needs to be certified and there is no documentation that the patient is at high risk for adverse outcomes or has active substance abuse disorder. The treater states that the patient has no "significant adverse events or obvious aberrant behavior." Therefore, the requested urine drug screen is not medically necessary.