

Case Number:	CM15-0068025		
Date Assigned:	04/15/2015	Date of Injury:	03/06/2009
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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 32 year old female, who sustained an industrial injury on 3/6/2009. She reported injury from a slip and fall. The injured worker was diagnosed as having chronic cervical strain, lumbosacral pain with bilateral lower extremities pain, bilateral knee strain and multiple myofascial overuse syndrome. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 2/27/2015, the injured worker complains of severe low back pain that radiated to the bilateral lower extremities, cervical spine pain and bilateral knee and foot pain. The treating physician is requesting a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, screening for risk of addiction (tests) Page(s): 43, 90. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screen is 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. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are chronic cervical strain bilateral chronic trapezius strain; acute lumbar strain; worsening lumbosacral pain radiating to the bilateral lower extremities; chronic bilateral knee strain resolving; bilateral carpal tunnel syndrome; bilateral feet swelling and pain; myofascial overuse syndrome; stomach upset, G.I. issues, sleep disorder, headache and anxiety. Currently, according to a February 27, 2015 progress note, the injured worker is not taking opiates. Urine drug screen, according to the treating physician, was part of a pain management agreement. The injured worker is currently taking Motrin and Flexeril. Tramadol was discontinued any prior visit. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record. Consequently, absent clinical documentation with aberrant drug-related behavior, drug misuse or abuse, opiate use and a risk assessment, urine drug screen is not medically necessary.