

Case Number:	CM15-0069233		
Date Assigned:	04/16/2015	Date of Injury:	02/07/2005
Decision Date:	05/15/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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 57 year old female, who sustained an industrial injury on 02/07/2005. The injured worker is currently diagnosed as having cervical radiculopathy, lumbosacral spondylosis without myelopathy, post-laminectomy syndrome of lumbar region, and thoracic or lumbosacral neuritis. Treatment and diagnostics to date has included cervical spine MRI, lumbar spine MRI, lumbar fusion, home exercise program, and medications. In a progress note dated 11/07/2014, the injured worker presented with complaints of neck and low back pain with right lower extremity numbness and tingling. The treating physician reported requesting authorization for urine drug screens. Notes indicate that a urine drug screen was performed on November 7, 2014. Notes indicate that a urine drug screen was performed on January 30, 2014 and May 13, 2014. The urine drug screen performed on May 13, 2014 was said to be inconsistent. A urine drug screen was performed on November 7, 2014 which was also inconsistent. A urine drug screen performed on February 2, 2015 was also inconsistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine drug screen (UDS), collection date 2/2/15, received date 2/4/15, completed date 2/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend 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. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. Additionally, it is unclear what is being done to address the previously inconsistent urine drug screen results. If nothing is being done, it is unclear what further urine drug screen is being performed. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.