

Case Number:	CM15-0070024		
Date Assigned:	04/17/2015	Date of Injury:	04/23/2007
Decision Date:	05/19/2015	UR Denial Date:	03/18/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 52-year-old male, who sustained an industrial injury on 04/23/2007. The initial complaints or symptoms included back spine pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, lumbar laminectomy surgery, spinal cord stimulator, and conservative therapies. Currently, the injured worker complains of low back pain and extremity pain with numbness and pain in the left lower extremity, and pain in the right hip. The injured worker reported good pain relief and improved activity tolerance with current pain medication (Norco). The diagnoses include lumbar post laminectomy syndrome, low back pain radiating to both legs, and spinal cord stimulator. The treatment plan consisted of urine drug screening with a date of service of 01/12/2015 (retrospective request), additional medications (naproxen, amitriptyline, baclofen), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (Unknown DOS) Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: Guidelines support urine drug testing when beginning higher dose controlled medications, if there is evidence of aberrant or high-risk behavior, and for periodic monitoring. For low risk patients, guidelines recommend testing within 6 months of initiation and yearly thereafter. In this case, a urine drug test had been done within the last 60 days and there was no evidence of aberrant behavior to warrant repeat testing. The request for a urine drug test is not medically necessary and appropriate.