

Case Number:	CM15-0074211		
Date Assigned:	04/24/2015	Date of Injury:	10/07/2013
Decision Date:	05/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/18/2015

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: 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 71 year old female, who sustained an industrial injury on October 7, 2013. She has reported lower back pain, hip pain, knee pain, and foot pain. Diagnoses have included lumbar spine disc displacement, lumbar spine radiculopathy, left hip pain, pelvic/thigh joint pain, left knee pain, and left ankle and foot joint pain. Treatment to date has included medications, physical therapy, and imaging studies. A progress note dated February 10, 2015 indicates a chief complaint of lower back pain radiating to the left leg with muscle spasms, left hip pain and weakness, left knee pain with numbness and weakness, and left foot pain and weakness. The treating physician documented a plan of care that included 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 Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Pain/Urine drug testing (UDT) Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction Page(s): 43, 76-77, 89, 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The primary treating physician's progress report dated 2/10/15 does not document opioid prescription. The pain management progress report dated 3/6/15 does not document opioid prescription. Without documentation of opioid prescription, the request for a urine drug screen is not supported. Therefore, the request for urine drug screen is not medically necessary.