

Case Number:	CM15-0074307		
Date Assigned:	05/04/2015	Date of Injury:	09/27/2012
Decision Date:	06/05/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 35 year old male, who sustained an industrial injury on 9/27/2012. Diagnoses have included herniated nucleus pulposus (HNP) left L5-S1, lumbar discogenic pain syndrome and lumbar radiculitis. Treatment to date has included lumbar magnetic resonance imaging (MRI), physical therapy, lumbar epidural steroid injection and medication. According to the progress report dated 9/19/2014, the injured worker complained of low back pain and left lower extremity pain. He reported increased right lower extremity numbness in addition to his left lower extremity. He rated his pain as 6/10 on the visual analog scale (VAS) without medication and 3/10 with medication. It was noted that a CURES report on 8/20/2014 was consistent with prescriptions. Physical exam revealed decreased sensation in the left L5 dermatome. There was tenderness over the lumbar paraspinals. Straight leg raise was positive bilaterally. The injured worker was started on Norco, and Tramadol was refilled. Authorization was requested for a retrospective request for a high complexity qualitative urine drug screen (DOS: 9/19/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for a High Complexity Qualitative Urine Drug Screen (DOS: 9/19/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." Would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter; "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results; "high risk" of adverse outcomes may require testing as often as once per month. Previous urine drug screening had consistent results. The Physician has labeled the patient as low risk. As such, the request for Retrospective Request for a High Complexity Urine Drug Screen (DOS: 9/19/14) is not medically necessary.