

Case Number:	CM15-0075432		
Date Assigned:	04/27/2015	Date of Injury:	01/24/2002
Decision Date:	05/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/21/2015

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 51 year old male who sustained an industrial injury on 1/24/02 that occurred while he was carrying a heavy object he lost his balance causing him to twist his right ankle, falling backwards and striking his low back against a table. He immediately experienced pain in the right ankle and low back. He had a prior right ankle injury in the 1990's resulting in a cyst which did not cause him any discomfort until the current injury where the cyst became larger with significant pain. He received x-rays of the lumbar spine and right ankle, received medication, was started on physical therapy with no significant improvement in symptoms. He had cysts from the right ankle removed (2002) and developed infection in the wound. He currently complains of low back pain with radiation down bilateral legs into the feet with numbness and tingling. His pain level is 8-9/10. Medications are Neurontin, Tylenol #4. Diagnoses include lumbar disc disease; lumbar radiculopathy; complex regional pain syndrome in the right ankle; status post spinal cord stimulator implant. Treatments to date include physical therapy, epidural steroid injections, spinal cord stimulator implant (2012). In the progress note dated 3/17/15 the treating provider's plan of care includes a request for urine drug screen to ensure compliance of medications and to ensure that he is not taking medications from multiple sources or illicit drugs. An undated report indicates that the patient is using temazepam and alprazolam. A urine drug screen report from March 27, 2015 is negative for all substances. A progress report dated March 27, 2015 indicates that the patient is taking anti-inflammatory medication and glucosamine. The patient has been referred to a pain management physician but the insurance company has not authorized the pain meds. A progress report dated March 17,

2015 states that the patient his receiving Tylenol number 4 but has not received a refill since 3 months ago.

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): 43.

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 non-adherent) 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. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician has identified red-flags which would lead to concern about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary