

Case Number:	CM15-0076148		
Date Assigned:	04/27/2015	Date of Injury:	09/14/2004
Decision Date:	05/29/2015	UR Denial Date:	03/24/2015
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, Occupational 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 51 year old male injured worker suffered an industrial injury on 09/14/2004. The diagnoses included lumbar degenerative disc disease, lumbar spine compression fracture and thoracic or lumbosacral radiculitis. The injured worker had been treated with opiate medications, spinal cord stimulator and physical therapy. On 3/24/2015 the treating provider reported low back pain, leg pain and mid back pain. It was constant rated 10/10 radiating to the bilateral legs. He reported the pain has increased and needed the spinal cord stimulator reprogrammed. The leg pain was 9/10 and reported as severe. The 2 prior urine drug screens were appropriate. The treatment plan included Urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS 2009 states that urine drug testing is an option to detect illicit drug use. Prior drug testing, did not detect any illegal substances. Adherence to the prescription regimen can be monitored by immunoassays to confirm that the medication has been used as prescribed. The medical records do not indicate why gas chromatography and liquid chromatography are needed to confirm the presence of expected drugs. Furthermore, there is no justification for the numerous drugs on the panel for GC/MS confirmation without a screening assay. This request for drug testing does not adhere to MTUS 2009 and is not medically necessary.