

Case Number:	CM15-0077068		
Date Assigned:	04/28/2015	Date of Injury:	04/10/2012
Decision Date:	05/26/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/22/2015

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: Massachusetts

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 52 year old male, who sustained an industrial injury on 04/10/2012. He has reported subsequent neck, back and lower extremity pain and was diagnosed with degenerative disc disease of the cervical and lumbar spine and bilateral sacroiliac joint sprain/strain. Treatment to date has included oral pain medication, physical therapy, application of heat and ice and a TENS unit. In a progress note dated 12/16/2014, the injured worker complained of low back pain radiating to the left lower extremity and bilateral shoulder pain. Objective findings were notable for tenderness of the paracervical muscles laterally, posterolaterally and in the facets and spinous processes and muscle spasm in the paracervical muscles. A request for authorization of urine toxicology screen was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Urine toxicology (DOS 02/25/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for bilateral shoulder and radiating low back pain. When seen, medications included Norco. Prior urine drug testing had been consistent with the prescribed medications. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on recent urine drug test results that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening was not medically necessary.