

Case Number:	CM15-0077157		
Date Assigned:	04/28/2015	Date of Injury:	01/22/2013
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
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: California, Indiana, New York
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 62 year old female, who sustained an industrial injury on 01/22/2013. She has reported subsequent back and right knee pain and was diagnosed with lumbar discogenic disease, lumbar sprain/strain injury, right S1 lumbosacral radiculopathy and right knee internal derangement. Treatment to date has included oral pain medication, physical therapy, bracing and surgery. In a progress note dated 12/10/2014, the injured worker complained of right knee and low back pain. Objective findings were notable for significant bilateral spasm in the latissimus dorsi, decreased range of motion and pain in the low back radiating to the right leg and an antalgic gait. A request for authorization of a urine drug screen was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Urine Drug Screen DOS 12/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing date of service December 10, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbar discogenic disease; and severe right knee pain status post surgical repair. The date of injury is January 22, 2013. According to a progress note dated December 10, 2014, the injured worker is not taking opiates. The current list of medications includes gabapentin, naproxen, tizanidine, and amitriptyline. There was no history of aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. The treating provider indicated the urine sample was sent to the lab document appropriate use of medication and compliance of medical treatment per ACOEM guidelines. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. There were no compliance issues identified in the medical record and there was use of undisclosed substances or diversion in the medical record. Additionally, as noted above, the worker is not currently on opiate therapy. Consequently, absent clinical documentation with a clinical indication and rationale for a urine drug toxicology screen in the absence of aberrant drug-related behavior, drug misuse or abuse, compliance issues, use of undisclosed substances or diversion of prescribed substances, retrospective urine drug testing date of service December 10, 2014 is not medically necessary.