

Case Number:	CM15-0077463		
Date Assigned:	05/18/2015	Date of Injury:	12/05/2011
Decision Date:	06/16/2015	UR Denial Date:	04/22/2015
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 60 year old female, who sustained an industrial injury on 12/05/2011. She reported back pain and leg pain. Treatment to date has included comprehensive neurological testing, physical therapy, multiple epidural injections and MRIs. Diagnoses included lumbar scoliosis, lumbar stenosis, lateral impingement at L4-5 and L5-S1 and left leg radiculopathy. According to a psychiatric progress report dated 02/12/2015, the injured worker reported anxiety, tension and irritability were reduced. Depression was slightly reduced. Insomnia remained the same. Bad dreams of assault were reduced with the use of Xanax. Appetite and weight were low. Energy and sociability were low. Diagnoses included adjustment disorder with mixed anxiety and depressed mood. Treatment plan included Lexapro and Xanax. Currently under review is the request for urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <https://www.odg-twc.com>.

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, urine drug testing 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 rule out depressive disorder, not otherwise specified; rule out anxiety disorder, not otherwise specified; and rule out psychotic disorder, not otherwise specified. The request for authorization for the urine drug screen is April 21, 2015. The most recent progress note (from the requesting physician) in the medical records dated January 13, 2015. There was no documentation of a urine drug toxicology screen request. There was no clinical indication/rationale in the record. Utilization review from February 25, 2015, states the injured worker was on Tramadol and Norco. Both opiates were determined not medically necessary. There are no contemporary progress notes on or about the date of request for authorization (April 21, 2015). There is no clinical indication or rationale for urine drug toxicology screen documented in the medical record. Consequently, absent contemporaneous clinical documentation with a clinical indication or rationale in the medical record for a urine drug toxicology screen, urine drug testing is not medically necessary.