MAXIMUS Federal Services

Case Number:	CM15-0093509		
Date Assigned:	05/19/2015	Date of Injury:	06/14/2013
Decision Date:	06/25/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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 43 year old female who sustained an industrial injury on June 14, 2013. She has reported pain in her neck and low back and has been diagnosed with lumbar discogenic disease with bulging disk at L5-S1, L4-L5, and L2-L3 on current MRI and cervical discogenic disease, broad based disk disease at C4-C5 and C5-C6 with increasing discomfort and pain in the neck and to the fingers of the left hand. Treatment has included medications, medical imaging, injection, and acupuncture. Physical examination noted she had full range of motion to the neck. She had pain and tightness in the right hand when she rotates. For the back, she could flex 45 degrees, but only extends 10 degrees. She could rotate to the right 45 degrees and rotate to the left 30 degrees. She could tilt to the right 20 degrees and tilt to the left 10 degrees. She had profound spasm in the latissimus dorsi, right greater than left. She had weakness of her right abductor halluces longus and foot flexors. MRI shows bulging disk at L5-S1 with compression of S1 nerve root. Cervical MRI shows broad based disk at C4-C5 and C5-C6. The treatment request included a new urine drug screen cup; point of contact cup.

IMR ISSUES, DECISIONS AND RATIONALES

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

New urine drug screen cup: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 77-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, 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 that the provider has recently performed a toxicology test on 8/27/14, 12/3/14, 1/13/15, 2/24/15, and 3/23/15. There is documentation that the patient has had inconsistencies in urine drug screens from January 2015 and August 2014 dates of service, including the presence of alcohol metabolites in the latter test. Based on the progress notes, it is unclear how management is being changed and it does not appear that the provider is trying to wean off controlled substances in light of these inconsistent results. The goal of monitoring is if aberrant behavior is detected, then the patient can be warned or medications would be modified, but this does not appear to be case. The currently requested urine toxicology test is not medically necessary.