

Case Number:	CM15-0094164		
Date Assigned:	05/20/2015	Date of Injury:	01/27/2001
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 38 year old female who sustained an industrial injury on 1/27/01. The injured worker was diagnosed as having spondylosis lumbar without myelopathy, low back pain, chronic, sacroiliitis, radiculopathy thoracic or lumbosacral, myalgia and myositis unspecified and chronic pain due to trauma. Currently, the injured worker was with complaints of lower back pain with radiation to the lower extremities. Previous treatments included injections, discogram, radiofrequency ablation, and oral pain medication. Previous diagnostic studies included a magnetic resonance imaging revealing L5-S1 disc thinning. The injured workers pain level was noted as 5/10 with medications and a 9/10 without medications. The plan of care was for a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIA9 with Alcohol + Rflx Urine (Drug Test): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The claimant's opiate risk score of 2 was consistent with low risk and the prior findings of Oxycodone on urine screen was not identified as a red flag. Often Fentanyl is not detected as the claimant had been on and can show up as opioid metabolites. Based on the above references and clinical history a urine toxicology screen is not medically necessary.