

Case Number:	CM15-0094474		
Date Assigned:	05/20/2015	Date of Injury:	07/01/2003
Decision Date:	06/22/2015	UR Denial Date:	05/12/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male who sustained a work related injury July 1, 2003. Past history included hypertension. According to a primary treating physician's progress report, dated May 6, 2015, the injured worker presented for a pain management follow-up visit. He underwent bilateral medial branch blocks, L4-L5 and L5-L6 on April 9, 2015, and reports an 80% improvement. He now describes his pain as constant, aching, and throbbing, rated 7/10, on average. A lumbar spine examination reveals the gait is antalgic, tenderness in the right lumbar paravertebral regions and left lumbar paravertebral regions at the L4-L5 and L5-S1 levels. Assessment is documented as lumbar spondylosis; facet joint syndrome; lumbar disc disorder; lumbar spine radiculopathy. A urine drug screen was performed. At issue, is the request for authorization for a urine drug screen. A urine drug screen was performed on 12/17/14 and the use of Fentanyl was considered to be inconsistent with the results. The type of urine drug screen was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation PainUrine Drug Tests.

Decision rationale: MTUS Guidelines supports urine drug screening (UDS) when opioids are utilized. The MTUS Guidelines do not address an appropriate frequency of testing, but the ODG Guidelines address this issue. The Guidelines recommend only annual testing if there is a low risk of misuse, which is the category this individual appears to be in as no misuse, is reported over a long time span. Routine urine testing does not test for Fentanyl and it is extremely rare for urine testing to include this as it takes very specialized equipment. Blood testing is almost always performed if Fentanyl is being testing for. Under these circumstances, there is no apparent justification for repeat testing on more than an annual basis. The repeat Urine drug screen is not medically necessary.