

Case Number:	CM15-0094663		
Date Assigned:	05/20/2015	Date of Injury:	09/13/2001
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
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: 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 49 year old female, who sustained an industrial injury on 9/13/01. The injured worker has complaints of lumbar region of the back which radiates down into the right leg. The documentation noted that she had tenderness at L4-S1 (sacroiliac), positive lumbar facet loading maneuvers. The diagnoses have included chronic pain syndrome; spinal enthesopathy; sacroilitis; lower back pain and sciatica. Treatment to date has included physical therapy; non-steroidal anti-inflammatory drugs (NSAIDs); transcutaneous electrical nerve stimulation unit and various medications for greater than 6 months without benefit; presently on Trazadone; Topamax; Norflex; Mobic; Norco and Omeprazole. The request was for retrospective (date of service 4/2/2015 - 4/4/2015) urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 4/2/2015 - 4/4/2015) Urine Drug Test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, criteria for use; Opioids, pain treatment agreement; Opioids, steps to avoid misuse/addiction Page(s): 43; 76-77; 89; 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The progress reports dated 2/5/15, 3/5/15, and 4/2/15 documented the medication Norco 10/325 mg which contains the opioid Hydrocodone. MTUS guidelines support the use of urine drug testing for patients prescribed opioids. Therefore, the request for a urine drug test is medically necessary.