

Case Number:	CM15-0094814		
Date Assigned:	05/20/2015	Date of Injury:	09/11/2000
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 on 9/11/2000. He pulled a 50 pound chart from a shelf and felt flare-up of his lower back pain. The diagnoses have included lumbar disc disease, lumbar facet syndrome and right sacroiliac joint sprain/strain. Treatments have included medications, lumbar injections, physical therapy, chiropractic treatments, rest, home exercises and acupuncture. In the Comprehensive Pain Management Consultation Report dated 4/21/15, the injured worker complains of burning, sharp low back pain. He has intermittent pain in right leg. He rates his pain level a 4/10. He complains of moderate facet tenderness over the L2-L5 spinous processes, right side greater than left. He has right sacroiliac tenderness. He has positive Faber's/Patrick, sacroiliac thrust and Yeoman's tests on right side. He has positive Kemp's and Farfan tests on bilateral sides. He has decreased range of motion in lumbar spine. The treatment plan includes a request for authorization for lumbar medial branch blocks and for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS 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 (Chronic)- Urine drug testing (UDT).

Decision rationale: Urine drug testing is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicates that prior urine drug screen in 1/20/15 was certified. There are no objective urine drug screen documents for review. There is no documentation of aberrant behavior therefore the request for urine drug testing is not medically necessary.