

Case Number:	CM15-0095342		
Date Assigned:	05/21/2015	Date of Injury:	10/19/1998
Decision Date:	06/24/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/18/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 60 year old female who reported an industrial injury on 10/19/1998. Her diagnoses, and/or impressions, are noted to include: lumbar degenerative disc disease with intractable low back pain, secondary to industrial injury; scoliosis; and depression with insomnia, secondary to pain. No current imaging studies are noted. Her treatments have included implantation of an intra-theal pump, and re-location; medication management with urine toxicology screenings (1/29/15); and continued antibiotic therapy with self-monitoring for signs of infection. The progress notes of 4/2/2015 reported that she was having a lot of pain; that her scoliosis seemed to be aggravating her back and hip pain; and that she was angry that her surgery to re-locate her intra-theal pain pump was cancelled. She reported that her analgesia was stable but unsatisfactory. The objective findings were noted to include stable vital signs with no fever; a pain level of 8/10 with intervals of dropping to 6/10; no noted aberrant behavior; consistent urine drug test and "CURES" report; and a continued, non-odorous oozing of yellowish, serosanguineous fluid from the pump pocket fistula. The physician's requests for treatments were noted to include a urine drug screen for review at the next appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen for review at next appointment Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, step to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Urine Drug screen for Urine drug screen for review at next appointment Qty: 1 is not medically necessary.