

Case Number:	CM15-0098795		
Date Assigned:	06/03/2015	Date of Injury:	05/08/2009
Decision Date:	07/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/21/2015

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, Indiana, New York
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 27 year old male, who sustained an industrial injury on 5/08/2009. He reported acute onset of low back pain following a slip and fall. Diagnoses include chronic pain syndrome, neck pain, lumbar radiculopathy, degenerative disc disease, myalgia and lumbago. Treatments to date were not documented in the medical records submitted for this review. Currently, he complained of ongoing achy low back pain rated 4/10 VAS with medication and 5/10 VAS without medication. On 7/2/14, the physical examination documented decreased sensation in L5-S1 dermatome. The sciatic notches and sacroiliac joints were tender. There was tenderness over the lumbar spine with myofascial restriction. Current medication included Norco, gabapentin, Anaprox, and Lidoderm patches. The plan of care included continuation of previously prescribed medication and a urine toxicology evaluation. The appeal request for was quantitative drug screening by LC/MS method, date of service 7/2/14, including opiates, drug and metabolites x 12; amphetamine/methamphetamine x 3; benzodiazepines x 6; Cocaine or metabolite x 1; quant single stationary and mobile x 2; gabapentin x 1; meprobamatex x 1; dihydrocodeinone x 1; dihydromorphone x 1; and methadone x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative drug screening by LC/MS method performed on date of service 7/4/14:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, quantitative drug screen by LC/MS method date of service July 4, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are chronic pain syndrome; neck pain; lumbar radiculopathy S1 radiculitis; lumbar degenerative disc disease; myalgia; and lumbago. A progress note dated July 2, 2014 shows gabapentin and Norco prescribe to the worker. A urine drug toxicology screen showed Norco was consistent and gabapentin was inconsistent. A quantitative urine drug screen is not clinically indicated. Gabapentin does not require periodic urine drug screening. However, opiates and other controlled substances may require periodic monitoring. There is no clinical rationale or clinical indication for ordering a quantitative urine drug screen (for gabapentin). The urine drug screen, for practical purposes, was consistent. Consequently, absent clinical documentation requiring a quantitative drug screen by LC/MS method, quantitative drug screen by LC/MS method date of service July 4, 2014 is not medically necessary.