

Case Number:	CM13-0007132		
Date Assigned:	11/08/2013	Date of Injury:	12/06/2002
Decision Date:	02/12/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 Application for Independent Medical Review dated 8/02/13 documented date of injury as 12/06/2002. The primary diagnoses were 847.2 sprains and strains of other and unspecified parts of lumbar back and 722.2 displacement of intervertebral disc, site unspecified, without myelopathy. Utilization review dated 7/22/13 contained the only available medical records. The utilization review documented that the patient was a 64 year old female. QME report of 4/23/13 and Orthopedic PR-2 dated 4/22/13 were referenced. The Orthopedic PR-2 dated 4/22/13 stated: "Subjective: the patient states she is doing okay. She was out of town on vacation. Her medications are Topamax, Zanaflex and Vicodin and is using consistently." "Objective: slight spasm and tenderness at the thoracolumbar area." "Diagnosis: lumbar facet arthropathy with thoracic facet arthropathy." "Treatment Plan: continue medication, activity, core stabilizing and strengthening

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro drug screen DOS 6/17/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Section Pain (Chronic), Urine Drug Testing (UDT), Indications for UDT, Ongoing Monitoring.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the use of drug screening is recommended when there is evidence of issues of abuse, addiction or poor pain control. The ODG indicates drug screening is recommended when there is evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder, a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma; ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. Additionally, if dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. A drug screen was performed on DOS 6/17/13. There was approximately 55 days between the last documentation of medications and the drug screen. There is no evidence of issues of abuse, addiction or poor pain control. Therefore, the request for point of care Urine Drug Screen is not medically necessary