

Case Number:	CM13-0013690		
Date Assigned:	10/01/2013	Date of Injury:	01/07/2004
Decision Date:	01/21/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/19/2013

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, has a subspecialty in Pulmonary Diseases 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 patient is a 55-year-old female who sustained a work-related injury on 01/07/2004. The clinical information indicates the patient has failed back surgery syndrome and is status post 2 back surgeries with fusion. The most recent progress report dated 05/03/2013 documented subjective complaints of left low back pain and radicular symptoms down the left lower extremity. Objective findings revealed tenderness to the lumbar spine and sciatic notch, decreased sensation, diminished reflexes, and positive straight leg raise. The patient's diagnoses included post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, and facet syndrome. The treatment plan included a request for authorization for a repeat radiofrequency neurotomy, medication refills, a request for authorization for medication as prescribed/refilled, a request for authorization for routine drug screen as part of the pain management agreement and office policy, and a request for authorization for followup office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for drug screen for DOS 5/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opioids, On-Going Management Page(s): s 43, 78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend the use of urine drug screening to assess the presence of illicit drugs and to monitor patient compliance with prescription medication when there is clinical indication. There is no documentation of aberrant behaviors or non-compliance in the clinical information submitted for review. The urine drug screens prior to 05/03/2013 were consistent with the prescribed medication. As such, there is no rationale to support frequent urine drug screen. Therefore, the request for retrospective review for drug screen for DOS 05/03/2013 is non-certified