

Case Number:	CM13-0014076		
Date Assigned:	01/15/2014	Date of Injury:	12/11/2008
Decision Date:	03/20/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/20/2013

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 Orthopedic Surgery 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:

This is a 51-year-old female who was injured in a work-related accident on December 11, 2008. She was carrying a box when she slipped and fell injuring her low back. The current diagnosis at the time of her last assessment of December 4, 2013 included low back pain, sciatica, and disc protrusion. At present, she is currently being treated with medication management program including Percocet, Zoloft, and Cymbalta. A previous review of an MRI scan of March 27, 2013 showed multi-level degenerative disc disease with mild bilateral L5-S1 facet disease and foraminal stenosis. At the last clinical assessment, medications were prescribed as stated. The request in this case dates back to a June 24, 2013 urine drug screen that was performed on the claimant. In regard to her history of urine drug screens, there is indication of a previous April 26, 2013 screen that showed positive findings consistent with her underlying use of Percocet, but no indication of mal use of misuse of medications. The records do not indicate why a repeat study needed to be performed at the date of June 24, 2013 in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen for date of service 6/24/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

Decision rationale: The Chronic Pain Guidelines indicate, "Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed." Based on the guidelines, a urine drug screen in this case would not have been indicated on June 24, 2013. Six (6) weeks prior, the claimant was noted to be with a negative urine drug screen for misuse or mal use of medications. There would have been nothing in this case indicating the claimant to be high-risk for misuse of medications with her recent negative study. The role of the repeat scan that was performed June 24, 2013 would not have been indicated.