

Case Number:	CM13-0026267		
Date Assigned:	12/11/2013	Date of Injury:	06/20/2001
Decision Date:	01/28/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/18/2013

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 New York. 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 claimant sustained a work related injury on 06/20/2001. The mechanism of injury was not provided. He has diagnoses of chronic low back pain- post-laminectomy syndrome, lumbar disc degeneration, lumbar/thoracic radiculitis, and lumbar spondylosis without myelopathy/facet arthropathy. He is maintained on medical therapy with Butrans, Tramadol ER, Tramadol, Clonazepam, and Zanaflex. On exam he has an antalgic gait with decreased range of motion of the lumbar spine; lumbar facet loading is positive on both sides and straight leg raising is positive of the left at 45 degrees. Faber test is positive and tenderness is noted over the sacroiliac spine. In addition to medical therapy he has been recommended to undergo a trial of a spinal cord stimulator. The treating provider has recommended a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per Chronic Pain Management Treatment Guidelines, urine drug screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. In this case the claimant underwent a urine drug screen while on medical therapy. Without any indication of aberrant behavior or signs of drug misuse or any other documentation indicating that the claimant is at anything other than at minimal risk for medication misuse, medical necessity indicates an annual urine drug screen to assess compliance with medical therapy. Medical necessity for the requested urine drug screen is established. The requested service is medically necessary.