

Case Number:	CM13-0026716		
Date Assigned:	01/10/2014	Date of Injury:	01/04/2008
Decision Date:	06/27/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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. The expert reviewer is Board Certified in Neurology, 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 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/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 injured employee is a 34-year-old who states that he sustained a work-related injury on January 4, 2008. The most recent medical note for review is a pain medicine reevaluation dated September 13, 2013. On this date, the injured employee complained of low back pain which was rated at 10/10 without medication and 5/10 with medication. The physical examination on the state noted tenderness along the lumbar paravertebral muscles from L4 through S1. Myofascial trigger points were noted bilaterally. There was slightly decreased lumbar range of motion secondary to pain, and pain was increased with both flexion and extension. An MRI of the lumbar spine, dated February 2, 2011, notes evidence of the previous laminectomy at L3-L4, L4-L5 and L5-S1. A new possible disc herniation is present on the right side at L3-L4 pressing on the thecal sac as well as the L4 nerve root. The injured employee was stated to have failed conservative treatment to include medications, activity modification, and physical therapy. Trigger point injections were provided. There was a diagnosis of lumbar post laminectomy syndrome and lumbar radiculopathy. The injured employee was prescribed Norco, Gabapentin, and Tizanidine. A utilization review dated September 3, 2013 stated a request for urine drug screen is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 URINALYSIS DRUG SCREEN 7/19/2013:

Overtuned

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 8 C.C.R. 9792.20-9792.26 MTUS (EFFECTIVE JULY 18, 2009), DRUG TESTING Page(s): 43.

Decision rationale: The injured employee has stated to be taking the medication Norco for an undetermined length of time. There appears to be good pain relief at this medication, and it has been continued to be prescribed. The Chronic Pain Medical Treatment Guidelines recommend episodic toxicology urine drug screening for those individuals using opioid medications for chronic pain control. The previous utilization review had not medically necessarified the request for a urine drug screen stating that the injured employees subjective complaints and objective findings were not stated. This information has been provided on the note dated September 13, 2013. Additionally, the rationale for this request is stated in the Chronic Pain Medical Treatment Guidelines. The request for one urinalysis drug screen, provided on July 19, 2013, is medically necessary and appropriate.