

Case Number:	CM13-0031065		
Date Assigned:	12/04/2013	Date of Injury:	09/24/2008
Decision Date:	02/07/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/02/2013

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 Family 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:

This injured worker is a 61 y/o male with a date of injury of 9/24/2008. Patient has been receiving ongoing treatment for constant low back pain with radiation. The patient has been diagnosed with lumbar radiculitis, lumbar spondylosis, lumbar disc protrusion, and lumbar spinal stenosis. Physical findings include decreased range of motion to the lumbar spine, tenderness to palpation, and bilaterally positive straight leg raise. Multiple treatment modalities consisted of epidural steroid injection (ESI), facet injections, shockwave therapy, and ongoing medication therapy of naproxen, omeprazole and Norco. This patient did not appear to have a history of high risk for opioid abuse. Patient has received drug screening three times since January 2013. Reviewed medical records include the diagnosis of insomnia on several occasions with a prior prescription for Ambien noted, although no timeframe of Ambien use was identified, nor any documented improvement with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for 1 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 OPIOID MISUSE/ADDICTION Page(s): 84.

Decision rationale: This patient has already received 3 drug screenings in 2013. While the Chronic Pain Medical Treatment Guidelines do indicate frequent random drug screens for high risk patients, the documentation reviewed does not indicate that this patient was exhibiting increased risk for abuse. Therefore, I do not believe that additional drug screening is medically necessary.