

Case Number:	CM13-0035267		
Date Assigned:	12/13/2013	Date of Injury:	11/08/2011
Decision Date:	04/10/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 patient is a 52-year-old with a date of injury on November 8, 2011 when he had a slip and fall injuring his coccyx and low back. The patient complains of lower back pain rating 6-8/10 on the 1 to 10 pain scale and describes it as burning with numbness. Subsequent lumbar MRI identified a grade 1 anteriorlisthesis at L5-S1 with a possible left sided pars interarticularis defect at L5-S1 with moderate to severe foraminal narrowing with possible impingement of exiting L5 root. The patient has been regularly utilizing Tylenol #3 since April of 2012 for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

The urine drug test provided on 9/9/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Section Page(s): 94.

Decision rationale: The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) opioid therapy contracts; see guidelines for pain treatment agreement, b) limitation of prescribing and filling of prescriptions to one pharmacy, c) frequent

random urine toxicology screens. The records show that the patient is taking a narcotic pain medication, monitoring for both compliance of use and misuse. The request for a urine drug test, provided on September 9, 2013, was medically necessary or appropriate.