

Case Number:	CM13-0035347		
Date Assigned:	12/13/2013	Date of Injury:	05/23/2011
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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 Geriatrics 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 injured worker is a 66 year old man with a date of injury of 5/23/11 involving his low back and upper back. He is status post multiple diagnostic and therapeutic modalities including L3-4 and L4-5 fusion in 2004, cervical fusion and revision in 2007, L5-S1 fusion in 2008 and spinal cord stimulator placement. He was evaluated by his physician on 9/16/13 with complaints of 3/10 low back pain radiating to his bilateral lower extremities, left > right. His medications included prn advil, Cymbalta, kadian, Mirapex prn, Neurontin, robaxin and Percocet. His physical exam documents vital signs and that he is well developed and in no apparent distress with an appropriate affect. There is no joint, musculoskeletal or neurologic exam documented. He was active in self-care, house and yard chores, daily walking and using a recumbent bike. Medications were refilled and a urine drug screen was ordered which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Quarterly in office urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

Decision rationale: This injured worker has a history of chronic pain in back with radiation to his extremities. He has had various diagnostic and treatment modalities and currently receives numerous medications targeting his pain including two narcotics - kadian and percocet. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. The quarterly in office urine toxicology screen is denied as not medically necessary.