

Case Number:	CM13-0040143		
Date Assigned:	12/20/2013	Date of Injury:	06/22/2009
Decision Date:	06/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine, Pulmonary Disease and Critical Care 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 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 worker is a 38 year old female who reported an injury on 06/22/2009 due to cumulative trauma. On 10/24/2013 the injured worker reported pain in the knee and lumbar spine. Knee pain was rated 0/10 at rest and 4/10 with activity and the lumbar spine was rated at a 4/10 pain scale. Physical examination showed that flexion to the lumbar spine was 80 degrees, extension was 15 degrees, left and right rotation was 20 degrees and left and right lateral bending was at 20 degrees. Range of motion flexion of the left knee was 0 to 100, and tenderness was noted along the lumbar spine to the left knee from medial to lateral joint line. An MRI of the lumbar spine dated 02/11/2011 revealed an L3-L4 disc bulge. The injured worker's most recent diagnosis was Lumbago. It was noted in the documentation that she had done a short course of therapy. It was noted that she had been taking Tramadol and Ibuprofen with no documentation of dose or frequency. The treatment plan is for POC urine drug screen every 3 months for 1 year. The request for authorization and rationale was not included in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

POC (PLAN OF CARE) URINE DRUG SCREEN EVERY 3 MONTHS FOR 1 YEAR:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OPIOIDS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 77-80 AND 94

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76, 78.

Decision rationale: The request for POC urine drug screen every 3 months for 1 year is non-certified. The California MTUS states that ongoing management of opioids should be monitored by 4 domains which include analgesia, activities of daily living, adverse reactions, and aberrant drug taking behaviors. In addition, the use of urine drug screens during opioid use should be considered to screen for the use or presence of illegal drugs. The injured worker was noted to be taking Tramadol, an opioid. However, the documentation provided did not mention the frequency, dose, how long she had been taking them and if there was a urine drug screen at the beginning of treatment. Also, there was no mention of adverse side effects and no signs of aberrant drug taking behaviors were noted. Given the above, the request is not medically necessary.