

Case Number:	CM13-0044198		
Date Assigned:	12/27/2013	Date of Injury:	08/23/2012
Decision Date:	06/09/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/28/2013

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 General Surgery, and is licensed to practice in Texas. 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:

This is a claimant who has chronic low back pain following a work-related injury on 8/23/12. The claimant has exhausted conservative measures, including physical therapy, acupuncture, and medications and is entering the chronic phase of care. There is low back pain and no neurologic deficits. There was a urine drug test performed on 9/11/13, which was subsequently noncertified. The claimant at that time had been prescribed Naprosyn, Omeprazole, Neurontin, Dendracin, and Terocin. The physical exam on 9/11/13 reveals the claimant to have reduced range of motion in all planes by 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN DONE ON 6/6/2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-96. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As this is a chronic pain case, it is important to screen for illicit drug use as well as prescription medication from other providers, as this would be in noncompliance with the medication contract with [REDACTED]. Therefore the urine drug screen tests for opioids, as well

as illicit substances and other medications. This is in keeping with both California MTUS and Official Disability Guidelines recommendations. As such, the request is medically necessary.