

Case Number:	CM13-0048805		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2008
Decision Date:	02/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 Internal 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 is a 48-year-old female status post work-related injury, seen by [REDACTED] for cumulative trauma from 2004 to 2009, initial evaluation on September 9, 2013 with history of exacerbation of lower back pain and left lower extremity pain. EMG and nerve conduction studies showed chronic left S1 radiculopathy. MRI of the lumbar spine with contrast showed impacted L5 nerve root at two levels. The patient had been treated with nerve blocks, epidural injection, TENS unit, and physical therapy. Nerve blocks, epidural steroid injections and TENS unit had helped. Physical therapy had not helped. The patient's medications include triamterene/hydrochlorothiazide, potassium tablets, Norco and lidocaine patch. The issue of dispute is non-certification of drug testing to detect the presence of illegal drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lab & toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95, 90-91.

Decision rationale: Urine drug screen is not recommended in this case based on the fact that the patient has had history of chronic low back pain and had been using opioids in the past. MTUS Guidelines, page 89 recommend urine drug screen for patients who are taking opioids for reason of compliance. Page 94 indicates that frequent random urine toxicology screen is required to avoid misuse of opioids, in particular those one with high risk abuse. In this particular case, the patient seems to be taking Norco, but is no history of abuse. Therefore, there is no indication that the patient should be tested based of the data presented.