

Case Number:	CM13-0054026		
Date Assigned:	12/30/2013	Date of Injury:	04/22/2010
Decision Date:	05/02/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/07/2013

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 Family Practice, 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 56-year-old who reported an injury on April 22, 2010. The mechanism of injury was not provided for review. The injured worker ultimately underwent posterolateral fusion and decompression at the L5-S1 in September of 2012. The injured worker was evaluated on September 18, 2013. It was documented that the injured worker's medications included Zanaflex 4 mg and Ultram 50 mg. The injured worker's physical findings included significant tenderness to palpation along the bilateral incision site with palpable and painful pedicle screws. The injured worker's treatment plan included continuation of medications and a urine drug screen to assist in monitoring for treatment compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN, PROVIDED ON SEPTEMBER 18, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 42.

Decision rationale: California Medical Treatment Utilization Schedule recommends monitoring for medication compliance with urine drug screens. Additionally, drug testing is recommended

for patients who exhibit symptoms that provide suspicion of illicit drug use. The clinical documentation submitted for review indicates that the injured worker did undergo a urine drug screen in 03/2013. The clinical documentation submitted for review from 09/18/2013 did not provide any indication of over or underuse that would support the need for an additional urine drug screen. The clinical documentation fails to provide any evidence of aberrant or drug-seeking behavior that would support the need for a urine drug screen. The request for a urine drug screen, provided on September 18, 2013, is not medically necessary or appropriate.