

Case Number:	CM13-0060056		
Date Assigned:	12/30/2013	Date of Injury:	07/13/2011
Decision Date:	03/24/2014	UR Denial Date:	11/10/2013
Priority:	Standard	Application Received:	12/02/2013

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 68 year old man with a date of injury of 7/13/11. He was seen by his treating physician on 10/17/13 for an orthopedic reexamination. He had a recent redo lumbar laminectomy and microdiscectomy at L2-3 on the left and a redo laminectomy at L4 with central decompressive laminectomy at L5 in 8/13. He reported improvement in his left leg complaints but had some right leg discomfort. He was taking Celebrex and participating in pool therapy. His physical exam was significant for 4+/5 quadriceps strength on the left and decreased sensation to pin prick bilaterally. Range of motion was 60% in all planes and his incision was well healed. A qualitative 12 panel drug screen was administered to evaluate medication management and/or ongoing medication therapy. The urine drug test is at issue in this review. A urine drug screen done in 7/13 was completely negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urinalysis drug screening: Upheld

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

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

Decision rationale: This injured worker has a history of chronic back pain and is status post laminectomy redo in 8/13 without incident. His current medications include Celebrex and he had a completely negative urine drug screen in 7/13. 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 workers, prior drug screening has been negative. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen is not medically necessary.