

Case Number:	CM13-0066300		
Date Assigned:	01/03/2014	Date of Injury:	05/08/2012
Decision Date:	03/25/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/16/2013

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, Pennsylvania, and Washington. 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 resident is a 48 year old man with a date of injury of 5/8/12. The urine drug test in question was obtained on 11/5/13 and was positive for hydrocodone and norhydrocodone. His prescribed medications included hydrocodone and carisoprodol. He had prior urine drug testing as recently as 7/13. The most recent clinic notes indicate that he was seen by his primary treating physician on 6/25/13 where he had complaints of low back pain radiating to his left lower extremity. His physical exam was significant for paraspinal spasms and tenderness at L4-5, positive left straight leg raise and normal motor strength except 4/5 in the left tibialis anterior and EHL muscles. A lumbar spine MRI showed a disc bulge at L4-5 without canal stenosis. He was diagnosed with L4-5 herniated nucleus pulposus, lateral recess stenosis and left lower extremity radiculopathy with a 4 mm disc herniation on the left side. He was status post 3 epidural injections and authorization for a L4-5 microdiscectomy was requested. At issue in this review is a urine drug test from 11/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for 1 Urine toxicology test for DOS: 11/5/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

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

Decision rationale: This injured worker has a history of back and left lower extremity chronic pain. He has had various treatment modalities including epidural injections and medications. 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 confirmed the use of prescribed narcotics as recently as in 7/13. 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.