

Case Number:	CM13-0068547		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2012
Decision Date:	08/18/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 40-year-old male who reported an injury on 10/03/2012. The mechanism of injury was not provided in the medical records. The clinical note dated 05/05/2014 indicated diagnoses lumbar radiculopathy, pain related insomnia, valley fever, myofascial syndrome, neuropathic pain and pain related dysfunction. The injured worker reported pain in the lower back and left leg, rated 6 out of 10 with medications, without medications 8 out of 10. The injured worker completed 2 sessions of physical therapy. He reported the 2 sessions relieved his pain and he was able to move around and able to maintain good range of motion after physical therapy. The injured worker's prior treatments included diagnostic imaging, physical therapy, medication management. The injured worker's medication regimen included; Gabapentin, Flurbiprofen, Prilosec. The provider submitted a request for a repeat drug screen and Request For Authorization dated 05/05/2014 was submitted for a repeat drug screen. Rationale was provided. It says to assess medication compliance and identify possible drug diversion.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for repeat drug screen is not medically necessary. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided does not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors and the injured worker is not on any opioids at this time. In addition, the urine drug screen dated 05/27/2014, the injured worker was negative. Therefore, the request is not medically necessary.