

Case Number:	CM13-0070972		
Date Assigned:	01/08/2014	Date of Injury:	02/15/2011
Decision Date:	07/24/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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:

This sustained an injury on 2/15/11 to the low back when a driver seat bottomed out 3 times while driving the bus. Records describe back and neck pain where there has been treatment with medications, injections, radiofrequency neurotomy. This request is for a retrospective review of a urine drug screen from 9/11/13. Medications listed include Flexeril, gabapentin, Topamax, Ambien, Norco, orphenadrine, and promolaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN (DATE OF SERVICE: 9/11/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC USE OF OPIOIDS Page(s): 78.

Decision rationale: There was a prior adverse determination stating that MTUS is silent concerning frequency for screening. Review of the MTUS chronic pain medical treatment guidelines states that screening is recommended at baseline, randomly at least twice, and up to 4 times per year, and at termination. The last urine drug screen was documented in a note from 8/14/13 stating that a drug screen was collected and showed compliance with the prescription

regimen. Another drug screen was taken on this retrospective date from 9/11/13. The documentation did not establish medical necessity for another urine drug screen one month from the prior where there were no aberrancies.