

Case Number:	CM13-0071872		
Date Assigned:	01/24/2014	Date of Injury:	10/01/2012
Decision Date:	06/09/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational 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 is a 58-year-old male with a 10/1/12 date of injury. He was most recently seen on 12/5/13 with multiple complaints. Exam findings revealed lumbar spine stiffness, spasm, decreased range of motion, and straight leg raise with radiation down to both legs. The diagnosis is L5 over S1 12mm anterolisthesis with pressure on the L5 nerve roots and neural foramina at S1, and multilevel disc herniations to the C spine with neural foraminal stenosis. A urine drug screen was requested at this time. A urine drug screen from 6/14/13 was negative except for ethyl glucuronide. Utilization review from December 19, 2013 denied the request for a urine drug screen given there was no documentation that the patient was abusing medication and there was no significant question in regards to use of the medication itself.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECIAL SERVICE/PROCEDURE/REPORT (URINE DRUG SCREEN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The patient was noted to have a urine drug screen on 6/14/13 where he had a positive alcohol result (ethyl glucuronide), and the rest of the drug screen was negative. The alcohol test is sensitive and will pick up to 5 days prior of any alcohol consumption, including medications like Nyquil. There is no information regarding the patient's current medication regimen, and no history of substance or alcohol abuse noted. No history of diversion is noted. Therefore, the request for a urine drug screen is not medically necessary.