

Case Number:	CM13-0072522		
Date Assigned:	01/08/2014	Date of Injury:	01/22/2012
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

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:

Prior treatment history has included taking Tylenol #3 and Prilosec. The patient underwent Left L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy on 04/04/2013. Diagnostic studies reviewed include a urine toxicology report consistent with current prescribed medication dated 10/07/2013. The progress note dated 11/21/2013 documented the patient stating that the pain affects his lumbar spine only. The patient reports improvement in pain levels from 7/10 to 3/10 after taking medications. Objective findings on examination of the lumbar spine reveals limited range of motion. There was tenderness to palpation noted over the paraspinal muscles bilaterally. Palpation of the lumbar paraspinal muscles revealed hypertonicity bilaterally. Kemp test was positive bilaterally. SLR test was positive at 60 degrees for pain radiating down the right posterior thigh. DTRs were 2+ in the patellar and Achilles tendon bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing Section.

Decision rationale: As per California MTUS and the Official Disability Guidelines (ODG), urine drug testing is recommended as an option to assess for the presence of illegal drugs, misuse/addiction, poor pain control, and to monitor compliance with the prescribed medications. Provider notes that testing was ordered as "a reference for future medication management". However, as per ODG, "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results." There is documentation of prior UDT done on 10/07/2013 which was consistent with prescribed medications. Thus, a request for repeat urine drug screen is not medically necessary and appropriate.