

Case Number:	CM14-0002447		
Date Assigned:	01/24/2014	Date of Injury:	05/16/2011
Decision Date:	06/02/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 53-year-old male who had a work-related injury on 5/16/11. The diagnoses include lumbar strain; rule out disc herniation, left knee meniscal tear, status post arthroscopy, posttraumatic arthrosis, left knee, right knee strain, and rule out meniscal tear. There is a request for retrospective urine drug test (DOS 5/16/11). A physician office note dated 11/15/13, reveals that the patient walks with a limp favoring the right side. He has decreased lumbar range of motion. Palpation of the lumbar paraspinal muscles revealed tenderness and hypertonicity bilaterally. The lumbar spine revealed tenderness. The straight leg raise test was positive at 60 degrees bilaterally. The Kemp's test was positive bilaterally. He was unable to perform heel and toe walk bilaterally. Clonus was absent bilaterally. Muscle strength was 5/5 in the L4, L5, and S1 muscle groups bilaterally. The deep tendon reflexes were +2/+2 in the L4 muscle groups bilaterally. Sensation was normal in the L4, L5, and S1 nerve distributions, bilaterally. There is decreased lumbar spine and bilateral knee range of motion. The patient is currently taking Tramadol, Vicodin, Zolpidem, Omeprazole, Hydroxyzine, Lorazepam, and Naproxen. An 11/14/13 Claims Evaluation states that the patient received certification for Tramadol HCL 50mg #60; and Hydrocodone 5/325mg #60. The reviewing physician indicates that no documentation of efficacy has been noted, as well as absent documentation of compliance with medication use, including urine drug test, risk assessment profile, attempts at weaning and tapering, and an updated and signed pain contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DATE OF SERVICE: 11/15/13) FOR URINE DRUG SCREEN (UDS): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ODG-TWC PAIN PROCEDURE SUMMARY (LAST UPDATED 10/14/2013), URINE DRUG TESTING (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING AND OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION Page(s): 43,94.

Decision rationale: There are recommendations in the documentation submitted on a claims evaluation (dated 11/14/13), to have a urine drug screen. There is also documentation of compliance and medication use. The Chronic Pain Guidelines indicate that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines also indicate that frequent random urine toxicology screens are one of the steps to avoid misuse of opioids. The request for retrospective urine drug screen (UDS), dated 11/15/13 is medically necessary.