

Case Number:	CM14-0004083		
Date Assigned:	01/31/2014	Date of Injury:	01/26/2012
Decision Date:	07/03/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 48 year old male with a reported injury regarding his lumbar region. The clinical note dated 01/25/13 indicates the injured worker complaining of low back pain. Radiation of pain was identified in the lower extremities which were identified as being progressive in nature. The injured worker also had complaints of cervical region pain. The note indicates the injured worker utilizing Hydrocodone as well as Naproxen and Flexeril for ongoing pain relief. The clinical note dated 07/19/13 indicates the injured worker presenting with lumbar region pain. Tenderness, spasms, and tightness were identified in the paralumbar musculature. Reduced range of motion was identified throughout the lumbar spine. The note indicates the injured worker utilizing Hydrocodone on a Q 6-8 hour/PRN basis. The clinical note dated 09/06/13 indicates the injured worker having undergone a urine specimen to monitor medication use at that time. The note indicates the injured worker doing well postoperatively. The clinical note dated 10/11/13 indicates the injured worker stating the initial injury occurred when he was involved in a motor vehicle accident. There is an indication that the injured worker had been utilizing Narcosoft at that time to address the complaints of constipation. The injured worker was also recommended to increase his fluid intakes on a daily basis. There is an indication the injured worker underwent a urine drug screen at that time. The clinical note dated 11/11/13 indicates the injured worker having previously undergone an interbody fusion at L4-5 and L5-S1. The injured worker continued with complaints of mild to moderate low back pain. The injured worker was also identified as having cervical pain as well. The note indicates the injured worker continuing with the use of Colace to address the complaints of constipation. A letter of appeal dated 12/05/13 indicates the injured worker having undergone 8 sessions of physical therapy to address the ongoing lumbar spine complaints. The injured worker was also recommended for a urine drug screen. The previous utilization review resulted in a denial for a urine drug screen as

no information had been submitted confirming the injured worker's ongoing use of pharmacological interventions requiring a drug screen. However, the letter of appeal indicates the injured worker utilizing Narcosoft to address the injured worker's complaints of constipation. The note indicates the recommended urinalysis was to be performed in order to monitor the injured worker's medication compliance. The note does indicate the injured worker utilizing pain medications as well as a Benzodiazepine to address the injured worker's sleeping complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINALYSIS (DOS 10/11/13): Upheld

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

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

Decision rationale: The request for a retrospective urinalysis completed on 10/11/13 is not medically necessary. The documentation indicates the injured worker complaining of cervical and lumbar region pain. The clinical notes indicate the injured worker having undergone a 2 level fusion in the lumbar region. A urine drug screen is indicated for injured workers demonstrating aberrant behavior, a significant risk identified for drug misuse, or previous studies have confirmed the injured worker's non-compliance with the drug regimen. No information was submitted regarding the injured worker's aberrant behavior. No information was submitted regarding the injured worker's potential for a drug misuse. There is an indication the injured worker had previously undergone a urine drug screen in September of 2013. However, no results from the urine drug screen were submitted for review. Given these factors, the request is not indicated as medically necessary.