

Case Number:	CM14-0008972		
Date Assigned:	02/12/2014	Date of Injury:	07/30/2002
Decision Date:	08/05/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 50-year-old female patient with a 7/30/02 date of injury. 12/23/13 progress report indicated that the patient had low back pain radiating to the bilateral lower extremities with weakness. Physical exam demonstrated wide based gait, with decreased range of motion of the spine. She was diagnosed with low back pain, lumbar radiculopathy, chronic pain syndrome, post-laminectomy syndrome. Apparently, there were previous urine drug screens done, but the results were not made available for review. Treatment to date; Percocet 10/325mg 1-2 tablets every 4-6 hours #180, Fentanyl film 75 mg patch topically, Zanaflex, Gabapentin, Ibuprofen. There is documentation of a previous 1/6/14 adverse determination, based on the fact that there was no evidence that this patient was at high risk for addiction or had a history of aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43, 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 presented with the lower back pain. Her treatment regimen included opiates for pain relief. However, the results of a previous 12/23/13 urine drug screen were not made available for review. There is no assessment of a specific risk profile that would put the patient at risk for abuse, addiction, diversion or tolerance development. There is also no indication of the number of UDS(urine drug screen) administered during the previous 12 month period, as the timeline is of concern in a patient with a 2002 date of injury. Therefore, the request for Urine Drug Screen was not medically necessary.