

Case Number:	CM14-0009305		
Date Assigned:	02/14/2014	Date of Injury:	03/15/2004
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 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:

According to the records made available for review, this is a 64-year-old male with a 3/15/04 date of injury. At the time (11/12/13) of request for authorization for a urinalysis, there is documentation of subjective (persistent low back pain) and objective (spasm and tenderness in the paraspinals and mildly reduced range of motion in the lumbar spine) findings, current diagnoses (severe grade 2 spondylolisthesis with a pars defect and chronic lumbalgia with intermittent left lower extremity radicular symptoms), and treatment to date (medications including Fluriflex, TGice, Omeprazole, and Glucosamine/Chondroitin Sulfate). There is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Lab Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of severe grade 2 spondylolisthesis with a pars defect and chronic lumbalgia with intermittent left lower extremity radicular symptoms. In addition, there is documentation of ongoing treatment with medications (including Fluriflex, TGice, Omeprazole, and Glucosamine/Chondroitin Sulfate). However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for a urinalysis is not medically necessary.