

Case Number:	CM14-0104655		
Date Assigned:	07/30/2014	Date of Injury:	02/03/2006
Decision Date:	09/30/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 02/03/2006. The mechanism of injury was not provided within the review. The injured worker's diagnosis was noted to be lumbar spine multilevel herniated nucleus pulposus with radiculopathy and degenerative disc disease. Current medications were noted to be gabapentin, Enalapril, and Cartivisc. His prior treatments were noted to be medication management. The injured worker was noted to have diagnostic image studies. A subjective complaint was noted on 02/28/2014. The injured worker complained of low back pain and right foot pain. The physical examination findings were normal for upper and lower motor testing. Upper and lower extremity sensory testing was also normal. The treatment plan was for a refill of medications. In addition, the treatment plan included urinalysis toxicology to manage the injured worker's medication recommendations and to ensure compliance with prescribed medication management. The provider's rationale for the request was not noted within the documentation provided for review. A Request for Authorization form was also not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine Specimen collect mult for DOS 2/13/14 to 2/13/14.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioid oral therapy; drug tests Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for retrospective urine specimen collection of multiple for DOS 02/13/2014 to 02/13/2014 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines use drug screening as an option to assess for the use or presence of illegal drugs. In regard to opiates, criteria for use of a urine drug screen in the steps you take before a therapeutic trial of opiates and in the ongoing management of opiates allows for screening for the risk of addiction and to avoid misuse. The documentation provided for review notes a urine drug screen was provided at date of service 02/28/2014. The request for retrospective urine specimen was for date of service 02/13/2014. The documentation provided for review fails to provide documents submitted under the date of the request. Therefore, the request for urine specimen date of service 02/13/2014 is not medically necessary.