

Case Number:	CM14-0012373		
Date Assigned:	02/21/2014	Date of Injury:	12/28/1994
Decision Date:	07/28/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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:

The patient is a 60-year-old male who has submitted a claim for lumbar radiculopathy, and neuropathic pain associated with an industrial injury date of 12/28/1994. Medical records from 1999 to 2013 were reviewed and showed that patient complained of continued back pain with numbness and burning down his leg. Physical examination showed tenderness over the lumbar spinous processes. Range of motion was limited and the Kemp's, Braggard's, Febere's, and straight leg raise tests were positive. Decreased sensation was noted over the left L4 dermatomes. Treatment to date has included medications, physical therapy, home exercise program, injection therapy, and TENS unit. Utilization review denied the request for urine drug screening because there was no documented opioid intake at the time of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINE DRUG SCREEN PROVIDED ON 10/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, STEPS TO AVOID MISUSE/ADDICTION; SUBSTANCE ABUSE (TOLERANCE, DEPENDENCE, ADDICTION).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Drug testing, Opioids; Page(s): 43,89, 94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient complains of back pain with radicular symptoms despite medications, TENS, injection therapy, and physical therapy. However, the medical records submitted for review showed no documentation of current treatment with opioids. Furthermore, there was no discussion of an intended therapeutic trial of opioid therapy. There is no indication for urine drug screen in this case. Therefore, the retrospective request for one urine drug screen provided on 10/10/13 is not medically necessary.