

Case Number:	CM14-0013361		
Date Assigned:	02/26/2014	Date of Injury:	02/20/2012
Decision Date:	06/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

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 California and Nevada. 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 54 year old female who reported an injury to her low back. The x-rays of the lumbar spine dated 12/20/12 revealed degenerative disc disease at multiple levels. Facet arthrosis was identified at L3-4, L4-5, and L5-S1. Sacroiliac arthrosis was identified bilaterally. The clinical note dated 12/20/12 indicates the injured worker had tripped over the raised edge of the floor and fell forward striking her head against a dishwasher and then falling face forward onto the floor. The injured worker immediately felt pain in the head and low back. The note indicates the injured worker having undergone physical therapy. The injured worker also reported a 2nd injury on 12/31/11 when she was pushing a shopping cart resulting in strong pain in the right shoulder as well as a popping sensation in the low back again. The injured worker was identified as having bilateral shoulder and low back pain. The lab studies completed on 08/20/13 indicates the injured worker showing compliance with the prescribed drug regimen. The urine drug screen completed on 09/17/13 revealed the injured worker being compliant with the prescribed drug regimen. Additional studies on 12/10/13 resulted in the injured worker confirming compliance with the drug regimen. No inconsistent findings were identified. The utilization review dated 04/16/13 resulted in a denial for a urine drug screen as no information was submitted regarding the injured worker's ongoing opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 QUALITATIVE URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION,

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

Decision rationale: The request for a urine drug screen is non-certified. The documentation indicates the injured worker having complaints of low back pain. A urine drug screen is generally indicated for injured workers with ongoing opioid therapy. No information was submitted regarding the injured worker's continued use of opioids. Additionally, no aberrant behavior was identified in the clinical notes. Furthermore, the previous urine drug screens indicate the injured worker being compliant with the prescribed drug regimen. Therefore, this request is not medically necessary or appropriate.