

Case Number:	CM14-0014135		
Date Assigned:	02/26/2014	Date of Injury:	06/25/2009
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/04/2014

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 & 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 injured worker is a 56 year old male who reported a date of injury of 06/25/2009. The injury reportedly occurred when the injured worker was lifting a motor weighing 65 to 70 pounds and injured his back. His diagnoses were noted to include postlaminectomy syndrome to the lumbar region, thoracic/lumbosacral neuritis/radiculitis, degenerative lumbar/lumbosacral intervertebral disc degeneration, and lumbago. His previous treatments were noted to include physical therapy, a home exercise program, and pain medications. The progress note dated 01/02/2014 reported the injured worker complained of chronic, severe low back pain as well as intractable back and right leg pain. The injured worker reported that without pain medications, his pain was a 10/10, and with medications was 6/10 to 7/10. The injured worker reported the medications prescribed are keeping him functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. The provider reported there were no paraspinal muscle spasms and the urine drug screen performed 12/05/2013 was concordant.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY: 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, URINE TOXICOLOGY, 63, 68

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

Decision rationale: The injured worker had a previous drug screening in 12/2013. The MTUS Chronic Pain Guidelines recommend drug testing as an option, using a drug screen to assess for the use or the presence of illegal drugs. The documentation provided showed the previous drug screen was consistent with prescription therapy, and the provider's rationale was unclear regarding the need for another urine drug screen. Therefore, the request is not medically necessary and appropriate.