

Case Number:	CM14-0015317		
Date Assigned:	02/28/2014	Date of Injury:	10/18/2006
Decision Date:	06/27/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 47-year-old male who reported an injury on 10/18/2006. The mechanism of injury was not provided. The diagnoses included right L5-S1 radiculopathy, lumbar sprain/strain, and lumbar degenerative disc disease at L4-5 and L5-S1. Per the 01/17/2014 evaluation report, the injured worker reported 6-7/10 right low back pain. Objective findings included restricted lumbar range of motion, negative nerve root tension, and positive lumbar discogenic provocative maneuvers. The injured worker's medication regimen included Soma 350 mg, Lidoderm 5% patch, Opana ER 10 mg, and oxycodone 15 mg. An in office random 12 panel urine drug screen was performed. The Request for Authorization Form was submitted on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANDOM 12 PANEL URINE DRUG SCREEN QUANTITY 1.00: 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, , 43

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

Decision rationale: The request for random 12 panel urine drug screen quantity 1 is non-certified. The California MTUS Guidelines recommend drug testing as an option, using a urine drug to assess for the use or the presence of illegal drugs. The medical records provided indicate urine drug screens were performed on 01/22/2013, 06/03/2013, and 09/04/2013. All were consistent with the injured worker's medications. There is no indication that the injured worker was misusing his medications or that the provider suspected him of misuse. The medical necessity for a urine drug screen was not established. As such, the request for Random -12 Panel Urine Drug SCREEN is not medically necessary and appropriate.