MAXIMUS Federal Services

Case Number:	CM14-0015509		
Date Assigned:	02/28/2014	Date of Injury:	04/01/2010
Decision Date:	07/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/07/2014

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 Internal Medicine and Pulmonary Diseases, and is licensed to practice in California and New York. 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 38-year-old, who reported an injury on April 1, 2010, secondary to repetitive heavy lifting. The injured worker had a history of back pain with numbness to the bilateral lower extremities and erectile dysfunction. On April 1, 2010, the injured worker was sent for an x-ray and eventually san an orthopedist who recommended surgery. On December 5, 2011, February 2, 20120, and December 10, 2013, urine drug screens were completed to assess the compliance of the injured worker to their prescribed medication regimen. The urine drug screens on August 1 and September 19, 2011 were positive for codeine and morphine. There was a urine drug screen ordered on January 22, 2013 with unknown results. There was no detection of opiates, narcotics/analgesics, barbiturates, antidepressants, benzodiazepines, muscle relaxants, or other medications. Upon examination on August 15, 2013, the injured worker was seen for erectile dysfunction and decreased libido. The injured worker continued to have low back pain and had a TENS (transcutaneous electrical nerve stimulation) unit which gave symptomatic relief. The injured worker had diagnoses of right sided lumbar radiculopathy secondary to herniated discs and instability posttraumatic stress disorder, traumatic brain injury, erectile dysfunction (organic and non-organic, secondary to back injury pain and psychological condition),degreased libido, back pain, and depression. Prior diagnostic studies included x-rays of the lumbar spine, MRI of the lumbar spine, electromyography/ nerve conduction study (EMG/NVC) of the bilateral lower extremities, and a CT scan of the cervical spine. The injured worker previously underwent arthroscopic surgery to the right knee. The prior treatments included TENs, medications, physical therapy, bracing, lumbar injections (including an epidural steroid injection on July 16, 2010 and an epidural steroid injection and facet injections on June 13, 2011), trigger point injections, and acupuncture. The injured worker was in a motor vehicle accident where he sustained another injury to the lower back on June 22, 2012. Prior treatments

for this were medications, physical therapy, chiropractic care, and self-procured pool therapy. Medications included Hydrocodone. The request is a retrospective request for 1 urinalysis between January 22 and October 22, 2013. The request for authorization and rationale for the request were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one urinalysis provided on October 22, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 43, 78.

Decision rationale: The injured worker has a past history of back pain and erectile dysfunction. The Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. Drug screening can be used to discover issues of abuse, addiction, or poor pain control. The injured worker was receiving urine drug testing to assess their compliance. There is a lack of documentaiton indicating the injured worker displayed aberrant behaviors or has a history of medications misuse. Within the provided documentation it was noted a urine drug screen was ordered on January 22, 2013; however, the results of the urine drug screen were not provided within the medical records. There is no justification for the medical necessity of the urine drug screen at this time. The request for decision for retrospective request for one urinalysis between, provided on October 22, 2013, is not medically necessary or appropriate.