

Case Number:	CM14-0019954		
Date Assigned:	04/28/2014	Date of Injury:	02/17/2006
Decision Date:	07/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/18/2014

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 Illinois. 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 55-year-old male who reported injury on 02/17/2006. The mechanism of injury was a slip and fall. The surgical history revealed the injured worker was status post surgery for wrist fracture on 02/27/2006, status post anterior-posterior L4-5 and L5-S1 fusion on 05/17/2007, status post hardware removal of the right wrist in 01/2008, and hardware removal with microdiscectomy at L3-4 and interlaminar laminotomy on 02/20/2012. The injured worker underwent a urine drug screen on 11/20/2011. The documentation of 11/05/2013 revealed the injured worker had postsurgical low back complaints of pain rated 8/10 with radiation to the bilateral lower extremities down into the bilateral knees with associated numbness, tingling, and burning. The medications included Norco 10/325 and Omeprazole 20 mg. Diagnoses included acute exacerbation of L3-4 radiculitis, left, consistent with clinical examination, lumbar spine myofascial pain syndrome, L3-4 eight mm lateral disc protrusion with severe neural foraminal narrowing, left lower extremity radiculopathy at L3-4, severe motor changes at L3-4, and status post left-sided L3-4 revision decompression 09/04/2013. The treatment plan included postoperative physical therapy, a urine drug screen was performed and the final results will be sent out for confirmation. The medications included Norco 10/325 1 by mouth q.4 to 6 hours as needed for pain number of 30 and Ultracet 37.5/325 mg 1 every 4 to 6 hours as needed for pain, and a Pro-Tech stim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: URINE DRUG TESTING (UDT) - FINAL CONFIRMATORY TESTING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the injured worker met the above criteria. As the request was sent for final confirmatory testing, secondary guidelines were sought. The Official Disability Guidelines indicate when the point of contact screen is appropriate for the prescribed drugs without evidence of nonprescribed substances, confirmation is generally not required. Confirmation should be sought for all samples that test negative for prescribed medications, all samples that are positive for nonprescribed opioids and all samples that are positive for illicit drugs. There was lack of documentation indicating the injured worker had samples that tested negative for prescribed drugs or tested positive for nonprescribed opiates or all samples tested positive for illicit drugs. Given the above, the request for urine drug screen testing final confirmatory testing is not medically necessary.