

Case Number:	CM14-0111196		
Date Assigned:	08/01/2014	Date of Injury:	01/15/2007
Decision Date:	10/14/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/16/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 29 year-old female was reportedly injured on 1/15/2007. The most recent progress notes dated 6/5/2014 and 7/9/2014 indicate that there are ongoing complaints of low back pain with intermittent radiation into the lower extremities. The physical examination demonstrated lumbar range of motion improved with less painful; able to toe and heel walk; normal straight leg raise; motor function -4/5; and reflexes 2+ with ankle reflexes diminished. No diagnostic imaging studies available for review. Previous urine drug screen are dated 2/12/14, 5/14/14, and 6/5/14. The patient's diagnosis included lumbar discogenic disease, facet syndrome and radiculitis s/p laminectomy, as well as bipolar disorder, situational depression and anxiety. Previous treatment includes a lumbar laminectomy at L5-S1, lumbar epidural steroid injections, radiofrequency ablation and medications to include Butrans Patch, Norco, Oxycodone, Zanaflex and OxyContin. A request had been made for a retrospective request for custom profile drug screen (DOS: 2/12/2014) which was not certified in the pre-authorization process on 6/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for custom profile drug screen for date of service 02/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. The injured employee underwent urine drug screen testing on 2/12/14, 5/14/14 and 6/5/14; however, there is no documentation of how many tests were done in 2013 and how often the injured employee is being tested per year. The guidelines support urine drug screening up to 4 times a year. Additionally, there is no documentation of high risk behavior, previous abuse, or misuse of medications. Given the lack of documentation, the request is not considered medically necessary.