

Case Number:	CM14-0121866		
Date Assigned:	08/06/2014	Date of Injury:	09/07/2008
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/01/2014

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 American Board Family Practice 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:

53 yr. old male claimant sustained a work injury on 9/7/08 involving the low back and legs. An MRI of the low back on 11/25/13 indicated he had L5-S1 disc protrusion with an annular tear. He had undergone physical therapy and used Norco for pain relief. A urine drug screen in March 2014 was notable for Tylenol use. At the time he was on Norco and Naproxen. A progress note on 6/18/14 indicated the claimant was on Norco 10 mg three times a day. A urine drug screen was requested for medication monitoring as well as every quarter over the year. A urine drug screen performed on 6/20/14 showed no controlled substance use.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 random urine drug screens: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation, Online Edition, Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 85.

Decision rationale: According to the MTUS guidelines, substance misuse should be suspected when a urine toxicology screen is negative for prescribed drugs on at least two occasions (an indicator of possible diversion). In this case, the urine screen was negative on 2 occasions when drugs were prescribed. At that point, an intervention regarding misuse and abuse is needed. A request for additional screening is not medically necessary until the primary concern of medication use deviation is addressed.