

Case Number:	CM14-0132600		
Date Assigned:	08/22/2014	Date of Injury:	03/25/2013
Decision Date:	10/02/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/19/2014

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 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:

The patient is a 29 year old female who was injured on 03/25/2013 when she fell on her coccyx while playing dodge ball. Prior medication history included ibuprofen, Gabapentin and Norco. Prior treatment history has included TENS, physical therapy which offered moderate relief and chiropractic treatment with limited relief. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/22/2013 revealed coccyx fracture. She is noted as taking Norco 10/325 mg for breakthrough pain and Gabapentin 300 mg. On 07/17/2014, the patient was seen for coccyx pain rated as 5/10 and ranges up to 9/10. She had a toxicology screening performed which revealed normal results. A request is submitted for quantitative Analysis to further investigate for a final analysis as results submitted can be false positives and negatives. Progress report dated 07/31/2014 indicates the patient presented with complaints of low back pain and coccyx pain. She rated her pain as 4/10. She noted her quality of sleep to be poor and activity level decreased. Objective findings on exam revealed restricted range of motion with flexion to 75 degrees and extension limited to 15 degrees. There is tenderness to palpation over the paravertebral muscle with spasm. Lumbar facet loading is negative on both sides. Straight leg raise test is positive is negative. Faber test is positive as well as pelvic compression test. She has tenderness over the coccyx area on palpation. She is diagnosed with disorder of coccyx, lumbar disc disorder, low back pain, and sacroiliac pain. Prior utilization review dated 08/11/2014 states the request for Retro DOS 7/17/14: Urine Drug Screen is denied as there is no evidence of aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 7/17/14: Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: The guidelines recommend urine drug screening within 6 months of starting opioid therapy for patients at low risk for substance abuse. A confirmatory test should be sent if the initial drug screen is negative when a patient is on opioid therapy. The clinical documentation did not state the patient has had a UDS prior to July 2014. The physician followed the above guidelines and documented the initial UDS to be negative. He then sent a confirmatory test which reported findings consistent with the patient's prescribed medications. The patient does not require another UDS for 1 year according to the above guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.