

Case Number:	CM14-0135932		
Date Assigned:	09/03/2014	Date of Injury:	06/05/2009
Decision Date:	09/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational Medicine, and is licensed to practice 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 claimant was injured on 06/05/09. Toxicology screening/report is under review. Diagnoses include right leg radiculopathy with L4-5 stenosis and L4-5 and L5-S1 disc herniations. The claimant is status post L5-S1 total disc Arthroplasty on 08/18/11. His current medications include Motrin, Norco, and Soma. He began Norco and Soma due to a pain flare-up that was reported on 04/28/14. He was prescribed Norco 5/325 mg 1 by mouth 3 times a day and Soma 350 mg 1 by mouth 3 times a day. The provider's note states he may undergo random urinary toxicology screen to verify medication compliance. A pain management consultation and medial branch blocks were recommended on 05/29/14. On 07/24/14, a laboratory report was negative for Hydrocodone and Carisoprodol and positive for 7-Aminoclonazepam. He saw [REDACTED]. He was taking Norco 5-325 mg and Soma 350 mg but the frequency of use is not clear. He was taking his medications on an as-needed basis and did not require refills. He was on the same doses on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Screening/Report: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a toxicology screening and report. The MTUS state "drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, the indication for this study is unclear. The claimant has been prescribed Norco and Soma but has been taking them as needed. His urine drug screen on 07/24/14 did not show the presence of these medications but they may have been absent due to lack of use. This has not been explained. Also, there is no evidence that the presence of 7-Aminoclonazepam, which was not prescribed, was followed up on by the provider and discussed with the claimant. If the results of the urine toxicology screens are not going to be evaluated and explained via discussion with the patient, the value of these tests is lost. Under these circumstances, the medical necessity of a repeat toxicology screening and report has not been demonstrated.