

Case Number:	CM14-0153707		
Date Assigned:	09/23/2014	Date of Injury:	02/15/2011
Decision Date:	10/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 48-year-old with a February 5, 2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated July 11, 2014 noted subjective complaints of chronic lower back pain. Objective findings included normal gait. Current medication include tizanidine and prilosec. Diagnostic Impression: lumbar disc displacement Treatment to Date: lumbar fusion, physical therapy. A UR decision dated August 28, 2014 denied the request for 1 urine drug test. There was no evidence of current opioid use. Norco was discontinued in June 2014. There is no evidence of current medication use that requires urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines drug testing, urine testing in ongoing opioid management Page(s): 43, 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, the patient's current medication list do not include opioids. There is no mention of suspicion of illicit drug use or any concern for aberrant behavior. Additionally, there is no mention of plan to begin opioid therapy. Therefore, the request for one urine drug screen was not medically necessary or appropriate.