

Case Number:	CM14-0159921		
Date Assigned:	10/03/2014	Date of Injury:	01/28/2000
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 51 years old female who was injured on 01/28/2000 due to a cumulative trauma. Prior medication history included Xopenex inhaler, Pro-Air inhaler, Atorvastatin, Coreg, Bupropion, and Allegra D. Orthopedic evaluation dated 08/22/2014 documented the patient to have complaints of mid to lower back rated as 6/10 and it is constant radiating to her buttocks, bilateral hips, legs, and right foot. Her range of motion is limited and is unable to perform various activities such as combing her hair, difficulty with bowel movements, grooming, dressing/undressing; bathing and showering. She also reported difficulty obtaining restful sleep. On exam, thoracolumbar spine range of motion revealed flexion is 45/90 degrees; extension is 20/25 degrees; right lateral flexion is 15/25 degrees with negative toe walk and negative heel walk. There is mildly positive tenderness noted to mid thoracic and lumbar spine. She has a positive right sciatic nerve stretch test, and positive straight leg raise bilaterally at 55 degrees. The patient is diagnosed with lumbar spine sprain/strain, thoracic spine sprain/strain, lumbar spine radiculopathy, and complaint of right lower extremity paresthesia. The patient was recommended to obtain a urine toxicology screen to make sure the patient can safely metabolize and excrete the medications as prescribed and to make sure those substances are present. Her medications included Lyrica 100 mg, ibuprofen 800 mg, omeprazole 20 mg, LidodermPatch 5%, and tizanidine 4 mg. Prior utilization review dated 09/03/2014 states the request for 1 Urine Toxicology Screen for The Management of Symptoms Related to Lumbar and Thoracic Spine Injury is denied and is considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINE TOXICOLOGY SCREEN FOR THE MANAGEMENT OF SYMPTOMS RELATED TO LUMBAR AND THORACIC SPINE INJURY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines note that drug testing is recommended as an option using urine drug screen to assess for the use or the presence of illegal drugs. Official Disability Guidelines state that a urine drug testing is recommended as a tool to monitor compliance with prescribed substance, identify use of undisclosed substance, and uncover diversions of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. Claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly bases. There is no supporting documentation of a controlled substance being prescribed or intended to be prescribed and there no notation of intoxication, inappropriate utilization, or other substance abuse to support the necessity of a drug screen. Therefore this request is not medically necessary.