

Case Number:	CM14-0162991		
Date Assigned:	10/08/2014	Date of Injury:	04/20/2008
Decision Date:	10/30/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 62-year-old female with date of injury of April 20, 2008. She's been treated for chronic low back pain. She complains of pain radiating to both of her legs with tingling and numbness. Medical records that when she has not been taking her medications regularly and was not tolerating the medication for pain. She complains of difficulty falling asleep staying asleep. She's also had headaches. Norco was discontinued because it caused dizziness. On physical examination the patient has tenderness to the lumbar muscles. This limited range of lumbar motion. At issue is whether urine toxicology screen is 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 screening test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Frequent random urine toxicology screens; Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

Decision rationale: Urine toxicology screen is not medically necessary. Guidelines do not support the use of narcotics for chronic pain. The patient is early had narcotic use and was unable to tolerate narcotics secondary dizziness. Further narcotic use for chronic low back pain is not recommended. Guidelines do not support chronic narcotic use in patients with chronic low back pain. Therefore, since narcotics are no longer medically necessary as per guidelines, then urine toxicology screen is not medically necessary.