

Case Number:	CM14-0167467		
Date Assigned:	10/14/2014	Date of Injury:	03/28/2007
Decision Date:	11/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/10/2014

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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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 individual is a 30 year old male who sustained an industrially related injury on March 28th 2007 involving his low back. He has ongoing complaints of low back pain with radicular symptoms to the bilateral lower extremities. A physical examination completed on 10/8/14 reports reduced lumbar range of motion, spasms in the lumbar paraspinal muscles and a positive straight leg raise test bilaterally. Deep tendon reflexes and strength were within normal limits. He is currently prescribed methadone and oxycodone for pain control which is noted to provide at least a 60% improvement in function and pain level. There is a current retrospective request for a urine drug screen that was done following a report of the theft of his opioid medications. It is noted that the drug screen was requested "for cause" but it is not noted exactly what the treating physician was requesting the test for as the individual claimed to have been taken his medication as prescribed and had previously 2014 urinalysis to support same and he was noted to have taken Norco following the theft in order to stave off withdrawal symptoms. It is not noted if the Norco was his or obtained elsewhere, but it is not currently prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 12 Panel Urine Drug Screen, DOS: 9/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, long-term use of opioids Page(s): 78,88.

Decision rationale: The MTUS chronic pain guidelines recommend random drug screening for patients to avoid misuse of opioids. The available medical records indicate prior inconsistent urinalysis and a history of requests for early medication refill or replacement. He has more recent consistent urinalysis but the rationale for this screening is unclear in this setting. The available medical record are not adequate in describing the medical necessity of this testing. Further, this individual is noted to be taking opioids for the purpose of withdrawal avoidance but there is no record of any drug abuse evaluation or addiction medicine consult. The request for Retrospective 12 Panel Urine Drug Screen is deemed not medically necessary.