

Case Number:	CM14-0175100		
Date Assigned:	11/03/2014	Date of Injury:	07/24/2006
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 60 year old male who was injured on 7/24/2006. The diagnoses are left shoulder rotator cuff syndrome, low back pain and lumbar spondylosis. The patient completed epidural injections and physical therapy treatments. On 9/8/2014, [REDACTED] noted subjective complaints of low back and left shoulder pain. There was associated weakness of the right leg and numbness with tingling of the left upper extremity. There was objective findings of lumbar paraspinal muscle tenderness and decreased range of motion. The medications are Norco and Naproxen for pain. A Utilization Review determination was rendered on 10/16/2014 recommending non certification for Drug Screen date of service 9/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 9/11/14): Drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that UDS (urine drug screen) can be performed at initiation of opioid treatment, randomly during the year and

additionally for 'cause' or red flag behavior. The records indicate that Dr. [REDACTED] conducted a UDS at initiation of opioid therapy according to the guideline recommendation. The patient gave a history of prior opioid use on initial presentation to the Clinic. It was necessary to obtain a baseline UDS at initiation of opioid treatment. The criteria for the Retrospective (DOS: 9/11/14) Drug Screen was met and was medically necessary.