

Case Number:	CM14-0175398		
Date Assigned:	10/28/2014	Date of Injury:	12/04/2009
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 64-year-old male smoker who reported an injury of unspecified mechanism on 12/04/2009. On 08/08/2014, his diagnoses included post laminectomy syndrome, chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, and episodic opioid dependence. His complaints included pain in his lower back described as constant, non-radiating, and exacerbated by activity. He stated his pain was improved with rest. He rated his pain at 8/10 to 9/10. He reported bowel symptoms, weakness, and difficulty with gait or walking, arthralgias/joint and back pain, muscle aches, and dry mouth. Upon examination, his back showed moderate tenderness to palpation of the lumbar paraspinal muscles. He was especially tender over the right piriformis muscle. He was able to transfer and ambulate using a single point cane. His medications include Amitiza 8 mcg, Baclofen 10 mg, Gabapentin 300 mg, and Oxycodone 5 mg. He reported that his pain medications were not adequately addressing his pain symptoms. It was noted on multiple examination dates that his previous urine drug screens were consistent with the medications he was taking. In counseling the injured worker, the rationale was noted that he understood that his medications must be taken only as prescribed by the prescribing physician. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (DOS: 4/11/14, 5/8/14, 6/11/14, 8/12/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for a urine drug screen (DOS: 4/11/14, 5/8/14, 6/11/14, 8/12/14) is not medically necessary. The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not documented that the injured worker had aberrant drug related behaviors. The request did not specify the medications to be included in the screening. Therefore, the request for a urine drug screen (DOS: 4/11/14, 5/8/14, 6/11/14, 8/12/14) is not medically necessary.

Urine Drug Screens times three (3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for a urine drug screens times three (3) is not medically necessary. The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not documented that the injured worker had aberrant drug related behaviors. The request did not specify the medications to be included in the screening. Therefore, the request for a urine drug screens times three (3) is not medically necessary.