

Case Number:	CM14-0183238		
Date Assigned:	11/10/2014	Date of Injury:	09/13/2001
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Practice and is licensed to practice in California. 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 is a 48 year old female claimant who sustained a work injury on September 13, 2001 involving the low back. She was diagnosed with chronic pain syndrome, sacroiliitis and post laminectomy syndrome. She had been on muscle relaxants and opioids for pain control. A progress note on August 14, 2014 indicated the claimant had 6/10 pain. Exam findings were notable for cervical, lumbar tenderness and a positive Patricks, Faber, Gaenslen's and Yeomans test in the lower extremities. A urine drug screen was performed on September 10, 2014 which showed no findings of muscle relaxants which was inconsistent with the medications taken. Prior drug screens were consistent with medications taken. However, a progress note in October 8, 2014 stated the claimant did not have aberrant drug seeking or taking behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 82-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug screening

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. It is uncertain whether the claimant had not been taking her muscle relaxant at the timing of the latest urine drug screen. The treating physician mentioned after the urine drug screening that the claimant was adherent to the medications prescribed. Based on the above references and clinical history a urine toxicology screen was not medically necessary.