

Case Number:	CM14-0023028		
Date Assigned:	05/14/2014	Date of Injury:	09/09/2008
Decision Date:	08/01/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/24/2014

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 Management, and is licensed to practice in Tennessee. 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 64-year-old-patient had a date of injury on 9/9/08. The mechanism of injury was not noted. A progress report dated 11/20/13 stated that the patient complained of chronic pain in the neck and lower back with pain extending down both the right and left legs. In addition to pain involve the right and left arm, there was numbness that involved the fingers of the right and left hands. Physical exam on 11/20/13 showed that there was decreased ranges of motion to the cervical and lumbar spine secondary to pain. Diagnostic impression showed positive cervical tenderness and parspinous muscle spasm. The patient was diagnosed with degeneration of cervical intervertebral disc and degeneration of lumbar or lumbosacral intervertebral disc and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date included medication therapy and behavioral modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis four times a month for six months (11/20/13 - 5/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. On a urine toxicology review report dated 11/20/13, it was clear that the objective was a urine drug screen, not urinalysis, to monitor chronic pain medical treatment guidelines. It was also noted that the patient was on Ativan as well as Tramadol. The guidelines for chronic use of opioids states that screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. The request for 4 times per month exceeds the recommended frequency. Furthermore, no aberrant behavior was noted to justify such excessive frequency of urine drug screens. Therefore, the request is not medically necessary.