

Case Number:	CM14-0024654		
Date Assigned:	06/11/2014	Date of Injury:	05/07/2008
Decision Date:	07/31/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 52-year-old female who reported an injury on 05/07/2008 of unknown mechanism of injury. The injured worker had a history of bilateral lower back pain radiating to the buttocks and bilateral posterior thigh and left posterior calf pain. The injured worker had diagnoses of lumbar disc protrusion at the L4-5, grade 1 spondylolisthesis at the L4, lumbar radiculopathy at the left L4, lumbar strain/sprain, cervical central disc protrusion at the C6-7, cervical radiculopathy, cervical stenosis, cervical sprain/strain, thoracic back pain, and thoracic sprain/strain. The past treatment included an epidural steroid injection at the L4-5 dated 02/27/2014 with a 60% increase in pain relief. The medications included ibuprofen 600 mg, Norco 7.5/325 mg, and Ambien 10 mg. The injured worker reported lumbar pain as an 8/10 to 9/10 using the VAS. The objective findings to the lumbar and cervical dated 02/25/2014 revealed restricted range of motion, straight leg raise positive bilaterally, muscle strength reflexes were 1 and symmetrically and bilaterally. The muscle strength is 5/5 to all limbs bilaterally, and strength of the grip 4+/5 bilaterally. The injured worker had a urinalysis collected on 01/03/2013 that indicated no detection of Norco present. The treatment plan included followup visit, a urine drug screen, and prescriptions provided of current medication. The Authorization Form dated 02/26/2014, found on page 1, was within the documentation. The rationale for urine drug screen was not given.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 1 URINE DRUG SCREEN DOS: 01/21/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Page 43 Page(s): 43.

Decision rationale: The request for retrospective 1 urine drug screen date of service: 01/21/2014 is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend a drug screen as an option, using a drug screen to assess for the use or the presence of illegal drugs. The chart note dated 03/11/2014 indicated the injured worker's prior drug screen had not indicated that she had taken her Norco; however, the prescription for the Norco was on an as needed basis. The documentation did not provide evidence that the injured worker had a history of drug abuse or drug absence. As such, the request for retrospective 1 urine drug screen date of service: 01/21/2014 is not medically necessary.