

Case Number:	CM14-0030275		
Date Assigned:	06/20/2014	Date of Injury:	12/14/2004
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/10/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 40-year-old male who reported an injury on 12/14/2004. The mechanism of injury was not provided. The clinical note dated 04/28/2014 noted the injured worker presented with complaints of pain in the lumbar spine and the bilateral feet. Upon examination of the lumbar spine, the range of motion values were 45 degrees of flexion, 15 degrees of extension, 15 degrees of right lateral flexion, and 15 degrees of left lateral flexion. There was a positive toe and heel walk, positive paraspinal tenderness to percussion especially towards the left, and the bilateral feet and ankles had a full range of motion with pain. The diagnoses were disc bulges at L2-3, L3-4, L4-5, and L5-S1, per the MRI dated 12/17/2009; tarsal navicular deformity, right foot, per the MRI dated 04/24/2012; and sprain/strain of the lumbar spine, chronic. Prior therapy included medication management. The provider recommended a prospective request for 1 quarterly urine point of contact drug screen. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 quarterly urine point of contact drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Plan, Including Prescribing Controlled Substances (May 2009), p32.

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

Decision rationale: The request for 1 quarterly urine point of contact drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screen for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. The date of the last urine drug screen that was performed was not provided in the medical documents. As such, the request is not medically necessary.