

Case Number:	CM14-0030568		
Date Assigned:	06/20/2014	Date of Injury:	03/20/2006
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/11/2014

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. 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 66 year old male who initially presented with low back pain from an injury related to an incident on 03/20/06. The operative note dated 08/06/07 indicates the injured worker underwent L4-5 and L5-S1 decompression. The urine drug screen completed on 07/25/13 resulted in findings consistent with the injured worker's drug regimen. There is a positive finding for the use of Tramadol which had been prescribed to the injured worker. No other positive findings were identified. The injured worker had also undergone urine drug screens on 06/27/13, 05/30/13 and 04/30/13 which revealed similar findings. The clinical note dated 12/05/13 indicates the injured worker complaining of low back pain. The injured worker was able to demonstrate 40 degrees of lumbar flexion with 35 degrees of extension. The note does indicate the injured worker having previously undergone a decompression at L3-S1 and had been diagnosed with a failed back surgery syndrome. There is an indication the injured worker is showing an improvement in symptoms. There is an indication the injured worker is utilizing a spinal cord stimulator which was reducing the injured worker's pain to 0/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test retrospective for date of service 07/25/2013: 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(s): 43.

Decision rationale: The request for urine drug test retrospective for date of service 07/25/13 is not medically necessary. The documentation indicates the injured worker had undergone a series of urine drug screens within a four month period. Continued urine drug screens would be indicated provided the injured worker meets specific criteria to include the injured worker having been identified as a high risk for drug misuse or previous urine drug screens have resulted in inconsistent findings with the injured worker's drug regimen. The previous urine drug screens revealed consistent findings with the injured worker's drug regimen to include the use of Tramadol. Additionally, no information was submitted regarding the injured worker being at a high risk for drug misuse.