

Case Number:	CM14-0034273		
Date Assigned:	06/20/2014	Date of Injury:	06/25/2011
Decision Date:	08/26/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 58 year old male who reported an injury to his low back on 06/25/11 when he was involved in a motor vehicle accident. The clinical note dated 09/08/13 indicates the injured worker complaining of ongoing symptoms in the low back. The note indicates the injured worker having previously undergone chiropractic therapy. The injured worker rated the low back pain as 8/10 on the visual analog scale, with radiating pain into the left lower extremity. Standing, walking, and lifting activities all exacerbated the injured worker's pain. Upon exam, tenderness and hypertonicity were identified upon palpation at the L4 through S1 spinous processes, the paralumbar musculature, as well as the sacroiliac joints and the base of the sacrum. 4/5 strength level was identified at the left dorsa flexors. Left sided foot drop was also identified by exam. Decreased sensation was identified in the left L5 and bilateral S1 dermatomes. The medical records review dated 10/28/13 indicates the injured worker continuing with low back and neck pain. The note does indicate the injured worker utilizing Tizanidine and Motrin. The note also indicates the injured worker having been prescribed the use of Naproxen in 2010. The clinical note dated 12/20/13 indicates the injured worker continuing with radiating pain from the low back into the left lower extremity. The pain was exacerbated with prolonged standing, walking, and lifting. The utilization review dated 02/21/14 resulted in a denial for a urine toxicology screen as insufficient information had been submitted regarding the need for ongoing studies. The utilization review dated 02/21/14 resulted in a denial for a medication refill as no information had been submitted regarding the specific medications to be refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

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

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

Decision rationale: The documentation indicates the injured worker complaining of ongoing low back pain. A urine toxicology screen is indicated for injured workers who have demonstrated aberrant behavior, potential for drug misuse or the injured worker is continuing with the use of ongoing opioid therapy. No information was submitted regarding the injured worker's demonstration of aberrant behavior. Additionally, no information was submitted regarding the injured worker's potential for drug misuse. Furthermore, no information was submitted regarding the injured worker's ongoing use of opioid therapy to address the low back complaints. Given these factors, the request is not medically necessary.

Medication refill qty 1: 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 NSAIDS Page(s): 67.

Decision rationale: The request for a medication refill would be indicated provided the injured worker had demonstrated significant functional improvements with the use of ongoing medications and medications had been numerated in the clinical documentation. No information was submitted regarding the specific medications to be refilled. Additionally, no information was submitted regarding the injured worker's response to the use of pharmacological interventions. Given these factors, the request is not medically necessary.