

Case Number:	CM14-0035087		
Date Assigned:	06/23/2014	Date of Injury:	07/25/2007
Decision Date:	08/06/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational Medicine 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 52 year old male who reported an injury to his low back. The clinical note dated 05/20/14 indicates the injured worker complaining of chronic low back pain that was rated as 6/10. The injured worker described the pain as a sharp, dull, throbbing, burning, and aching sensation. Sitting and lying down exacerbated the injured worker's pain. The note indicates the injured worker utilizing Norco for pain relief. The clinical note dated 04/24/14 indicates the injured worker utilizing tramadol, Norco, and cyclobenzaprine as well as Ambien. The note indicates the injured worker showing decreased sensation bilaterally at the L3 through S1 distributions. 4/5 strength was identified at the Extensor hallucis longus and flexor hallucis longus bilaterally. The utilization review dated 03/05/14 resulted in a partial certification for the continued use of tramadol, cyclobenzaprine and Anaprox. However, a request for a urine drug screen performed on 01/24/14 resulted in a denial as no information had been submitted regarding the injured worker's aberrant behavior or the possibility of addiction. The clinical note dated 11/06/13 indicates the injured worker utilizing a spinal cord stimulator that was implanted on 06/10/13. The injured worker stated that he was able to ambulate with the support of a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen Qty:1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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

Decision rationale: The documentation indicates the injured worker continuing with the use of opioid therapy to include Norco. Continued monitoring of the injured worker's compliance with the prescribed use of opioid therapy is indicated. Therefore, a urine drug screen is a reasonable method of confirmatory evidence of the patient's continued use of drug compliance. Therefore, the request for a Urine Drug Screen is medically necessary.