

Case Number:	CM14-0035767		
Date Assigned:	06/23/2014	Date of Injury:	03/08/2011
Decision Date:	08/13/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 patient is an injured worker with lumbar conditions. The date of injury was 03-08-2011. The mechanism of injury was continuous trauma injury. An Interventional pain management evaluation report dated 1/15/14 documented diagnoses lumbar disc disease, lumbar radiculopathy, lumbar facet arthropathy, right knee sprain/strain, right ankle sprain/strain. Subjective complaints were bilateral low back and right knee pain. Her medications are per her primary treating physician. The social history noted that the patient does not smoke cigarettes nor drink alcoholic beverages, and denies taking any illicit drugs. The physical examination was documented that the patient is well-developed, well-nourished, pleasant and a cooperative female in no apparent distress. She appears with antalgic gait, normal lordosis and alignment, diffuse tenderness over the lumbar paravertebral musculature, moderate facet tenderness over the L3-L5 levels, lumbar flexion 50, and lumbar extension 10. The diagnoses were lumbar disc disease, lumbar radiculopathy, lumbar facet arthropathy, right knee sprain/strain, and right ankle sprain/strain. The treatment plan included epidural steroid injection. The patient will continue with her present medications. The patient will undergo a urine toxicology screening to ensure compliance with the medications. Her medications are per her primary treating physician. The patient's medications were not documented. The primary treating physician's progress report PR-2 dated 01-31-2014 did not report any prescription medications. A comprehensive pain management consultation report dated 08-28-2013 documented medications including: Cymbalta and asthma medications. The utilization review decision date was 03-10-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 94 Page(s): 94.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend urine toxicology screens for patients at high risk of opioid abuse. An interventional pain management evaluation report dated 1/15/14 documented that the patient's medications were per her primary treating physician. The social history noted that the patient does not smoke cigarettes and drink alcoholic beverages, and denies taking any illicit drugs. Patient's medications were not documented. The primary treating physician's progress report PR-2 dated 01-31-2014 did not report any prescription medications. The comprehensive pain management consultation report dated 08-28-2013 documented medications Cymbalta and asthma medications. There was no documentation of controlled substances. The most recent progress reports do not document prescriptions for controlled substances. There is no documentation of opioid prescriptions. There is no history or evidence of medication misuse. Because there is no documentation of controlled substance prescriptions, the medical records do not support the medical necessity of urine toxicology screen. Therefore, the request for Urine Toxicology Screening is not medically necessary. The most recent progress reports do not document prescriptions for controlled substances. There is no documentation of opioid prescriptions. There is no history or evidence of medication misuse. Because there is no documentation of controlled substance prescriptions, the medical records do not support the medical necessity of urine toxicology screen. Therefore, the request for urine toxicology screening is Not medically necessary.