

Case Number:	CM14-0035793		
Date Assigned:	06/23/2014	Date of Injury:	05/31/2001
Decision Date:	07/22/2014	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 Physical Medicine and Rehabilitation 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 injured worker is a 55-year-old female with a reported date of injury of 05/31/2001. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with low back pain and leg pain. The physician indicated that the injured worker was taking pain medications without problems and moderate relief. The clinical documentation indicated the injured worker previously attended massage therapy and physical therapy, the results of which were not provided within the documentation available for review. The injured worker presented with bilateral positive straight leg raise. The physician indicated that the injured worker underwent low back trigger point injections in 2012, the results of which were not provided within the documentation available for review. Upon physical examination, the thoracolumbar spine revealed tenderness of the mid thoracic spine, entire lower thoracic spine, and entire lumbar spine. The injured worker's lumbar spine x-rays revealed inferior vena cava umbrella at the level of L2-3, there was minimal anterior translation of the L3-4 and mild narrowing at L2-3, with mild spondylosis of the mid and upper lumbar spine. The urine drug screen dated 11/27/2013 was consistent with medications prescribed as well as tetrahydrocannabinol (THC), a derivative of marijuana, was confirmed. The previous urine drug screens were not provided within the documentation available for review. The injured worker's diagnoses included lumbar radiculitis, L5-S1, thoracic radiculitis, and obesity, depression, T8-9 disc protrusion, and deep vein thrombosis (DVT) in the right leg. The injured worker's medication included Gabapentin, diazepam, hydrocodone, oxycodone, and amitriptyline. The Request for Authorization for a retrospective drug screen/urine analysis, gas chromatography/mass spectrometry (GC/MS), opiates, ethyl alcohol, creatinine (Date of Service: 12/6/2013) was not submitted. The physician indicated that the urine drug screen was ordered to check compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR DRUG SCREEN/URINE ANALYSIS, GAS CHROMATOGRAPHY/MASS SPECTROMETRY (GC/MS), OPIATES, ETHYL ALCOHOL, AND CREATININE (DATE OF SERVICE: 12/6/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The Chronic Pain Guidelines recommend the ongoing management of opioids should include the ongoing documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the guidelines recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation related to the physician's concern of the injured worker's issue of abuse, addiction, or pain control. The rationale for the request was for a urine drug screen to check compliance. There is a lack of documentation related to the physician's concerns of the injured worker not complying with the medication regimen. Therefore, the request for retrospective drug screen/urine analysis, gas chromatography/mass spectrometry (GC/MS), opiates, ethyl alcohol, creatinine (Date of Service: 12/6/2013) is not medically necessary.