

Case Number:	CM14-0036974		
Date Assigned:	07/25/2014	Date of Injury:	04/25/2013
Decision Date:	09/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/27/2014

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 Emergency 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker sustained an injury on April 25, 2013. The mechanism of injury occurred when she tripped and fell. Diagnostics have included: January 7, 2014 lumbar MRI reported as showing mild degenerative changes and L5-S1 facet arthropathy; December 13, 2013 urine drug test reported as showing positive for hydrocodone and hydromorphone. Treatments have included: medications, July 10, 2014 lumbar epidural steroid injection. The current diagnoses are: cervical sprain, lumbar sprain, cervical facet arthropathy and myofascial pain, lumbar radiculopathy. The stated purpose of the request for Retrospective review drug testing was to help reduce unnecessary prescription drugs that may not work. The request for Retrospective review drug testing was denied on February 28, 2014, citing a lack of documentation of issues of drug abuse or diversion. Per the report dated February 14, 2014, the treating physician noted complaints of lower back pain radiating to both legs with numbness and tingling. Exam findings included an antalgic gait, cervical facet tenderness and positive cervical facet loading, lumbar paraspinal tenderness, positive right straight leg raising test and decreased sensation right posterior leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review drug testing: Upheld

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

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

Decision rationale: The requested Retrospective review drug testing is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has lower back pain radiating to both legs with numbness and tingling. The treating physician has documented an antalgic gait, cervical facet tenderness and positive cervical facet loading, lumbar paraspinal tenderness, positive right straight leg raising test and decreased sensation right posterior leg. The treating physician has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications, any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Retrospective review drug testing is not medically necessary.