

Case Number:	CM14-0051562		
Date Assigned:	07/07/2014	Date of Injury:	04/09/2012
Decision Date:	08/29/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/18/2014

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 & Rehabilitation, and is licensed to practice in Nevada. 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 female who was reportedly injured on 4/9/2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated 4/1/2014, indicates that there are ongoing complaints of low back pain with radiation to the lower extremities, and knee pain. Physical examination demonstrated lumbar paraspinal muscle tenderness and spasm; positive left straight leg raise. Magnetic resonance image (MRI) of the lumbar spine 5/29/2012 demonstrated multilevel mild degenerative disk disease without central canal or foraminal stenosis; posterior annular tear of L3-L4 disk. MRI of the left knee demonstrated mild osteoarthritis, a medial meniscus tear and mild to moderate joint effusion. A drug screen dated 2/17/2014 was negative. Current medications: Voltaren gel, Celebrex, Lozone and Nucynta. A request had been made for Urine Drug Test; when patient has a stable regimen which was not certified in the utilization review on 4/7/2014. As a special note, Nucynta ER, Nucynta IR and Lozone were all denied during the utilization review above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test at next visit when patient is on stable regimen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. The claimant underwent drug screening on 2/17/2014 which was negative. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not medically necessary.