

Case Number:	CM14-0072268		
Date Assigned:	07/16/2014	Date of Injury:	11/18/2013
Decision Date:	09/10/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/19/2014

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:

This is a patient with reported date of injury on 11/18/2013. Mechanism of injury is described as a lifting injury. Patient has a diagnosis of lumbar degenerative disease with disc bulge, lumbar facet arthropathy and "rule out" radiculopathy. Medical records reviewed. Last report available is from 4/16/14. Patient complains of low back pain. Pain is 5-8/10. Pain worsened with activity or prolonged sitting or standing. There is no numbness in lower extremities. Objective exam reveals normal sensation and normal reflexes. Lumbar spine exam reveals limited range of motion with pain with extension, right lateral bending and right rotation. Mild pain with other movement. Pain to L5 and S1 spinous processes. Tenderness to facets right more than left side. Muscle spasms noted from L2-L5 more on right side. Sacroiliac joint compression test on right side with 1+ pain. Facet loading positive on right side. Straight leg and Lasegue's negative. Note from 4/16/14 notes that patient has not been on medications for some time and was just started on Naproxen, Flexeril and Tramadol on that visit. A urine drug screen was done on 3/29/14 that was negative. Another UDS on 4/24/14 was done which revealed only tramadol. Patient had MRI of lumbar spine (2/4/14) revealing 4mm disc bulge at L3-4 and 2-3mm bulge at L4-5 and L5-S1. Patient has reportedly been receiving chiropractic, acupuncture and physical therapy. Independent Medical Review is for Urine Toxicology Screen (retrospective for 3/29/14). Prior UR on 4/25/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 76-77, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: There are 2 urine toxicology screens. A urine drug screen was done on 3/29/14 that was negative. Another UDS on 4/24/14 was done which revealed only tramadol. This review is for the UDS done on 3/29/14. As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine Toxicology test for 3/29/14 does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. The documentation does not clearly state if the patient is chronically on opioids or if there are any plans for opioid therapy. There is no documentation of abuse and no prior drug screening results were provided. Another urine drug screen (not being reviewed) was done about a month after completely clear drug screen showing some miscommunication between treating physicians. Urine Toxicology Screen on 3/29/14 is not medically necessary.