

Case Number:	CM14-0078408		
Date Assigned:	07/18/2014	Date of Injury:	12/20/2008
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/28/2014

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 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:

According to the records made available for review, this is a 47-year-old female with a 12/20/08 date of injury. At the time (4/23/14) of request for authorization for Retro-urine toxicology screen DOS 4/23/2014, there is documentation of subjective (persistent low back pain radiating to the right buttocks) and objective (tenderness to palpation over the lumbar paraspinals with decreased range of motion, positive straight leg raise on the right, positive Kemp's test bilaterally, and decreased strength and sensation on the right at L4) findings, current diagnoses (lumbar disc bulge with spinal canal stenosis and right lower extremity radicular pain), and treatment to date (ongoing therapy with Tramadol). In addition, medical report identifies that there are no signs of abuse, overuse or adverse reactions and Tramadol allows for increased activity tolerance. There is no documentation of abuse, addiction, or poor pain control in the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro-urine toxicology screen DOS 4/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of lumbar disc bulge with spinal canal stenosis and right lower extremity radicular pain. In addition, there is documentation of on-going opioid treatment. However, given documentation that there are no signs of abuse, overuse or adverse reactions; and that Tramadol allows for increased activity tolerance, there is no documentation of abuse, addiction, or poor pain control in the patient. Therefore, based on guidelines and a review of the evidence, the request for Retro-urine toxicology screen DOS 4/23/2014 is not medically necessary.