MAXIMUS Federal Services

Case Number:	CM14-0080234		
Date Assigned:	07/18/2014	Date of Injury:	10/27/2009
Decision Date:	09/12/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/31/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 39-year-old with a reported date of injury of 10/27/2009. The patient has the diagnoses of L4-5 disc herniation status post lateral fusion, 3-mm disc bulges at L4-5 and L5-S1, degenerative changes with lateral spurs and straightening of the normal curvature from muscle spasms. Per the progress notes provided by the primary treating physician dated 04/21/2014, the patient had complaints of persistent low back pain that was rated a 4/10 with radiation down to both knees and numbness and tingling. Physical exam noted slight decreased range of motion of the lumbar spine, positive bilateral Kemp's test and left sided straight leg raise test. There was decreased sensation at L4/L5 bilaterally. Treatment recommendations included pending authorization for psychology and spine consults, topical analgesic cream and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-78.

Decision rationale: The California MTUS does recommend the use of drug screening in patients who are using opioids in their pain management. However per the documentation this patient "does not take any oral medication secondary to adverse reactions. The Tramadol does not even help his pain and made him feel a little anxious." The fact that his patient is not taking any oral medication and there is no documentation of aberrant behavior that would suggest other drug taking outside of the prescribed medications, the need for a urinalysis has not been substantiated and therefor the request is not medically necessary.