

Case Number:	CM14-0193748		
Date Assigned:	12/01/2014	Date of Injury:	10/08/2013
Decision Date:	01/26/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine Rehab, 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 29 year-old patient sustained an injury on 10/8/13. Request(s) under consideration include Retro DOS 09/10/2014 Urine Toxicology. Diagnosis included lumbago/ neuritis/ lower leg contusion/ lumbar radiculopathy and knee enthesopathy. EMG/NCV of the lower extremities dated 2/18/14 was negative without evidence for radiculopathy, neuropathy or entrapment syndrome. Medications list Flexeril, Naproxen, and Omeprazole. Conservative care has included medications, therapy, acupuncture, and modified activities/rest. Report of 9/10/14 from the provider noted chronic ongoing pain symptoms. Exam showed unchanged findings of decreased range of flexion; antalgic gait; normal motor strength and reflexes with decreased sensation in left leg. The request(s) for Retro DOS 09/10/2014 Urine Toxicology was non-certified on 10/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 09/10/2014 Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing for Opioids Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This 29 year-old patient sustained an injury on 10/8/13. Request(s) under consideration include Retro DOS 09/10/2014 Urine Toxicology. Diagnosis included lumbago/ neuritis/ lower leg contusion/ lumbar radiculopathy and knee enthesopathy. EMG/NCV of the lower extremities dated 2/18/14 was negative without evidence for radiculopathy, neuropathy or entrapment syndrome. Medications list Flexeril, Naproxen, and Omeprazole. Conservative care has included medications, therapy, acupuncture, and modified activities/rest. Report of 9/10/14 from the provider noted chronic ongoing pain symptoms. Exam showed unchanged findings of decreased range of flexion; antalgic gait; normal motor strength and reflexes with decreased sensation in left leg. The request(s) for Retro DOS 09/10/2014 Urine Toxicology was non-certified on 10/20/14. MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who is currently being prescribed Naproxen, Omeprazole, and Flexeril, non-opiates. Presented medical reports from provider have unchanged chronic severe pain symptoms with unchanged clinical findings. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Retro DOS 09/10/2014 Urine Toxicology is not medically necessary and appropriate.