

Case Number:	CM14-0193777		
Date Assigned:	12/01/2014	Date of Injury:	01/15/2012
Decision Date:	01/14/2015	UR Denial Date:	10/23/2014
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 Family 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 59 year old male patient who sustained an injury on 1/5/2012. He sustained an injury due to continuous trauma to low back while working as a forklift and clamp driver. The diagnosis includes lumbar discogenic disease at L2-3 and L3-4. According to a primary treating physician's progress report dated 08/18/2014, he had chronic low back pain. The physical examination revealed pain at 8 or 9. Per the doctor's note dated 7/16/14, physical examination of the lumbar spine revealed spasm, positive kemp sign, decreased range of motion, normal strength and diminished pain and touch sensation on the right L3 and L4 nerve root distribution. The medications list includes gabapentin, tizanidine, naproxen and omeprazole. He has had a lumbar MRI dated 1/8/14 which revealed spondylolisthesis at L2-3, L3-4, and L4-5 with bulging disk at L4-5. He has had physical therapy visits for this injury; EMG/NCS dated 4/23/14 which revealed an acute and chronic right L3-L4 lumbar radiculopathy, a mild chronic bilateral L5 and S1 radiculopathy. He has had a urine drug screen dated 08/18/2014 and 7/29/14 with inconsistent finding for Gabapentin as prescribed but not detected in the sample. He has had a urine drug screen report on 6/26/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine and drug screen collected 8/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids, pain treatment agreement.

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

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medications list includes gabapentin, tizanidine, naproxen and omeprazole. Any evidence that the patient had a history of taking illegal drugs or potent high dose opioids was not specified in the records provided. In addition, the patient has had urine drug screens on 6/26/14 and 7/29/14. Rationale for repeat urine drug screen was not specified in the records provided. The medical necessity of 1 urine and drug screen collected 8/18/14 was not established for this patient at that juncture. Therefore, the request is not medically necessary.