MAXIMUS Federal Services

Case Number:	CM14-0194985		
Date Assigned:	12/02/2014	Date of Injury:	06/18/2013
Decision Date:	01/26/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/20/2014

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 Occupational Medicine, has a subspecialty in ENTER SUBSPECIALTY 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:

Patient is a 48 year-old male with date of injury 06/18/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/05/2014, lists subjective complaints as pain in the low back and left knee. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles. Range of motion was limited in flexion and extension. Lateral bending was normal bilaterally. Spasm and guarding of the lumbar paraspinals was noted. Straight leg raise test was negative bilaterally. Sensory and motor examinations were normal. Physical examination of the left knee was not reported by the provider. Diagnosis: 1. Lumbar spondylosis 2. Pain in joint, lower leg 3. Degenerative of intervertebral disc, lumbar 4. Disorders, sacrum. History of previous drug screens were not included in the records supplied for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen-Alcohol, Amphetamine, Barbituate, Benzodiazapine, Cocaine, Ecstacy, Methadone, Opiate, Oxicodone, PH Urine, PCP, Specific Gravity, TCA'S: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation http://www.odg-twc.com

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

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. The drug screen requested falls within the criteria listed above. I am reversing the previous utilization review decision. The request is medically necessary.