

Case Number:	CM14-0196684		
Date Assigned:	12/04/2014	Date of Injury:	10/31/2005
Decision Date:	01/20/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 40 year old female with an injury date of 10/31/05. Per the 11/07/14 progress report, the patient presents with pain and muscle spasm in the lumbar spine along with increased residual stiffness and weakness following increased ADL"s. The patient also presents with headaches with pain or pressure in the right eye. Examination of the lumbar spine reveals tenderness to palpation over the paravertebral musculature extending over the lumbosacral junction with muscle guarding and spasm. Straight leg raising elicits increased low back pain. The patient's diagnoses include:1. Cervical and lumbar spine musculoligamentous sprain/strain2. Internal medicine complaint defer to [REDACTED]3. Psychiatric complaints defer to [REDACTED] Current medications are listed as Tylenol #3, Prilosec and Trazodone. The utilization review being challenged is dated 11/07/14. Reports were provided from 11/04/14 to 11/07/14. One progress report is provided dated 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen DOS 10/2/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug screen

Decision rationale: The patient presents with lower back pain and muscle spasm in the lumbar spine along with increased residual stiffness and weakness and headache. Pain is rated 4-5/10 with medications and 8-9/10 without. The treater requests for RETROSPECTIVE URINE DRUG SCREEN DOS 10/02/14 per unknown date. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The 11/07/14 treatment plan states that a UDS was reviewed for this patient and that it is in compliance with present medications. A copy of this report is not included. Current medications show that Tylenol #3 s prescribed. Presumably, this retrospective request for DOS 10/02/14 is the report reviewed. Information regarding the patient's treatment is extremely limited. Only 2 reports are provided and one discusses the patient's dental care. It is not known when the patient started Tylenol #3 and if the patient's use of the medications has been long-term. Although the treater does not discuss opiate risk assessment, the patient is currently on T#3 and UDS would be appropriate. The utilization review letter does not reference frequent UDS's either. There is no evidence that UDS's are over-utilized. The request IS medically necessary.