MAXIMUS Federal Services

Case Number:	CM14-0197698		
Date Assigned:	12/05/2014	Date of Injury:	11/10/2003
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 injured worker is a 46-year-old male with a date of injury 11/10/2003, and a mechanism of injury that was not disclosed in the record. His diagnoses included lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, left sacroiliac joint arthropathy, left piriformis syndrome, and chronic pain. The clinical note dated 10/09/2014 indicates the injured worker continues to have moderate to severe low back pain with spasm, tightness, and tenderness to the lumbar paravertebral muscles. The physical exam findings included moderate to severe thoracolumbar paraspinous muscle tenderness extending to the left buttock. Moderate facet tenderness at the L4-S1 levels. The injured worker had complaints of pain he rates at a 6/10. He described the pain as constant shooting and sharp, radiating to the left leg with weakness. The medications prescribed for the injured worker included Opana ER 40 mg 1 twice a day, Dilaudid 8 mg one 3 times a day, Trazodone 100 mg 1 at bedtime, and baclofen 20 mg 1 every 4 to 6 hours with a maximum of 4 a day. The treatment plan included recommendation for evaluation by orthopedic spine surgeon for a second opinion, refill of medications, random urinary drug screening tests, and return to clinic in 12 weeks for a follow-up. Rationale for the request was to ensure compliance of his current medication and to verify he is not receiving a prescription from multiple sources or illicit drugs. The Request for Authorization form is signed and dated 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology-Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, urine toxicology testing

Decision rationale: The request for toxicology urine drug screen is not medically necessary. The clinical note of 12/07/2013 includes documentation of the patient admitting to using marijuana. The urine drug screen collected on 12/07/2013 was positive for all prescription medications indicated and THC. California MTUS Guidelines state the actions of ongoing management of pain medication should include the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The documentation submitted for review included the results of a urine drug screen dated 12/07/2013. Clinical note dated 10/09/2014 indicates the patient will undergo a random urinary drug screen test. There was a lack of documentation indicating the injured worker had issues with abuse, addiction or poor pain control. The request for toxicology - urine drug screen is not indicated at this time. Therefore, the request is not medically necessary.