

Case Number:	CM14-0201208		
Date Assigned:	12/11/2014	Date of Injury:	07/18/2012
Decision Date:	02/04/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 38-year-old gentleman with a date of injury of 07/18/2012. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/28/2014 indicated the worker was experiencing lower back pain that went into the right leg and right foot weakness and numbness. The documented examination described tenderness in the right lower back muscles with spasm, muscle loss in the front of the thighs, positive testing involving raising the straightened right leg, no reflexes at the knees, and decreased sensation along the outer right leg. The submitted and reviewed documentation concluded the worker was suffering from lower back pain, bulging lower back disk(s), lower back radiculopathy, and post-lumbar laminectomy syndrome. Treatment recommendations included oral medication, physical therapy, urinary drug screen testing, and follow up care. A Utilization Review decision was rendered on 11/13/2014 recommending non-certification for urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology screen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80; 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the right leg and right foot weakness and numbness. Treatment recommendations included the use of an opioid medication. Attentive monitoring for addiction and diversion is supported by the Guidelines. For these reasons, the current request for urine toxicology screening is medically necessary.