

Case Number:	CM14-0201628		
Date Assigned:	12/11/2014	Date of Injury:	12/19/2012
Decision Date:	02/25/2015	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 with reported date of injury on 12/19/2012. Mechanism of injury is described as pushing and felt back pain. Patient has a diagnosis of lumbar sprain, spondylolisthesis, lumbar disc displacement and chronic pain. Medical reports reviewed. Last report available until 8/27/14. Patient has complaints of low back pain. Objective exam and history were reviewed but are not directly pertinent to this review. Urine Drug Screen dated 4/24/14 and 8/26/14 was appropriate and positive only for hydrocodone. There is no documentation of concern for abuse and reports show good medication compliance. MRI of lumbar spine reportedly showed spondylolisthesis at L5-S1. Current medications include hydrocodone, diclofenac, simvastatin and latanoprost. Patient has undergone physical therapy and medications. Independent Medical Review is for Urine Drug Screen-Retro for DOS 9/9/14. Prior UR on 11/14/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine Drug Screen is not: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation from the provider concerning patient being high risk for abuse. Patient has 2 recent negative UDSs with last done 1week prior to the requested UDS. Urine Drug Screen is not medically necessary.