

Case Number:	CM14-0213677		
Date Assigned:	12/31/2014	Date of Injury:	07/25/2010
Decision Date:	05/01/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 60-year-old male who reported an injury on 12/08/2011, the mechanism of injury was not provided. On 04/28/2014, the injured worker presented with complaints of low back pain with radiation of pain to the right lower extremity with cramping in the legs. On examination, there was limited range of motion to the lumbar spine with pain. There was intact sensation to the right lower extremity and no motor deficits. Diagnoses were complaints of depression and lumbar disc degeneration and herniated L4-5 and L5-S1. Current medications included Norco 10/325 mg. The provider recommended a retrospective request for urine drug screen dated 11/10/2014. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen, DOS 11/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78.

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

Decision rationale: The request for a retrospective request for a urine drug screen dated 11/10/2014 is not medically necessary. The California MTUS guidelines recommend a urine drug test to assess for the use of presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management and for screening of risks of misuse and addiction. The documentation provided for review did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior whether the injured worker was suspected of illegal drug use. There was no evidence of the previous urine drug screen date it was last performed. As such, the request is not medically necessary.