

Case Number:	CM14-0213950		
Date Assigned:	12/31/2014	Date of Injury:	09/29/1997
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male who got injured on 9/29/1997. The mechanism of injury is not described in the medical records that are available to me. On 11/04/2014 he followed up with his treating physician for his neck and low back pain, his medication list include Methadone and Norco. His physical exam was positive for tenderness in the lumbar spine and facet joint, decreased flexion, extension, lateral bending, and rotation, the sacroiliac joints were tender bilaterally. His diagnoses include lumbago, low back pain, sciatica, cervical pain, cervicgia, post laminectomy syndrome-lumbar. The request is for drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screen (DOS: 11/04/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen

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

Decision rationale: Per the MTUS, drug testing is recommended as an option in the treatment of chronic pain, using a urine drug screen to assess for the use or the presence of illegal drugs, before a therapeutic trial of opioids, as a screening for risk of addiction and to avoid misuse or addiction. A review of the injured workers medical records reveal that he is on opioid therapy which includes Methadone as well as Norco, therefore based on the injured workers medication profile as well as the guidelines the request for drug screen is medically necessary.