

Case Number:	CM15-0006032		
Date Assigned:	01/23/2015	Date of Injury:	03/10/2009
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who reported an injury on 03/10/2009. The mechanism of injury was unspecified. Her diagnoses included annular tear at L3-4 with herniated nucleus pulposus, herniated nucleus pulposus and foraminal stenosis at L5-S1 level, left lower extremity radiculopathy, weight gain secondary to orthopedic injury, L3-4 and L4-5 disc herniation with stenosis and left lower extremity radiculopathy. Past treatments included medications, topical creams, and home exercise program. On 11/21/2014, the injured worker complained of constant low back pain, rated 5/10 to 6/10 that radiated to the left lower extremity with associated numbness and tingling, as well as spasms. The physical examination of the lumbar spine revealed paraspinal spasms and tenderness to palpation with restricted range of motion and a positive straight leg raise on the left. His medications included topical creams, Ultracet, and Soma. The treatment plan included Retrospective urine drug screen with laboratory confirmation DOS 11/21/14-11/26/14, weight loss program, and pending surgery. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen with laboratory confirmation DOS 11/21/14-11/26/14:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure summary, Pain, Urine drug testing (UDT)

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

Decision rationale: The request for a Retrospective urine drug screen with laboratory confirmation DOS 11/21/14-11/26/14 is not medically necessary. According to the California MTUS Guidelines, drug testing is an option to assess for the presence of use of illegal drugs and for monitoring of patients on opioid treatments. The injured worker was indicated to be taking Soma, Ultracet, and topical creams. However, there was lack of documentation to indicate medical necessity for monitoring and assessing for the presence of illegal drugs. There was also lack of a documented screening for indications of risk for addiction, misuse, or dependence. Furthermore, there was lack of documentation in regards to monitoring for side effects, objective functional improvement, and objective decrease in pain. In the absence of the above, the request is not supported by the evidence based guidelines. Therefore, a preauthorization should have been obtained prior to prescribing the procedure. As such, the request is not medically necessary.