

Case Number:	CM15-0009510		
Date Assigned:	01/27/2015	Date of Injury:	06/19/2012
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/16/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on 6/19/2012. The diagnoses have included gastroesophageal reflux disease (GERD) secondary to NSAIDs, joint pain knee, depressive disorder and lumbar degenerative disc disease. Treatment to date has included medications and activity modification. EMG (electromyography)/NCV (nerve conduction studies) testing was performed on 6/20/2014. The results are not provided. Currently, the IW complains of lumbar pain with radiation to the right lower extremity and spasm. Objective findings included decreased sensation L1-S1. And straight leg raise positive. On 12/22/2014, Utilization Review non-certified a request for drug screening. No citations were cited. On 1/16/2015, the injured worker submitted an application for IMR for review of drug screening for chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screening: Upheld

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 Criteria for the use of opioid Page(s): pages 77-79. Decision based on Non-MTUS Citation Drug Screens

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. There is no documentation of aberrant behavior. The date of this patient's last drug screen is not provided nor discussed. The frequency at which the prescribing physician intends to perform drug screens is not discussed. The ODG states that individuals considered at low risk for aberrant behavior should be screened within 6 months of the initiation of therapy and then on a yearly basis thereafter. Therefore, this request for drug testing is not considered medically necessary.