

Case Number:	CM15-0010212		
Date Assigned:	01/27/2015	Date of Injury:	06/14/2013
Decision Date:	03/16/2015	UR Denial Date:	12/20/2014
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 51 year old male, who sustained an industrial injury on 6/14/2013. He has reported severe low and mid back pain and bilateral shoulder pain. The diagnoses have included neck sprain, thoracic sprain, lumbar disc displacement without myelopathy, . Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic, and physical therapy. Currently, the IW complains of thoracic and lumbar spine pain rating 6-7/10 VAS associated with radiation of numbness/tingling/weakness to right leg. Physical examination from 2/6/15 documented moderate left sided mid-thoracic muscle tenderness with three (3) trigger points noted, and tenderness to lumbar paraspinous muscles with spasm and guarding as long with facet tenderness noted L3-A1. Piriformis, Fabere's/Patrick, sacroiliac thrust, yeoman's, straight leg and Kemp's tests were all positive bilaterally. Plan of care included Computed Topography (CT) scan of lumbar spine, possible facet joint injection, and trigger point injections, an increase in Norco and Motrin doses, random urinary toxicology tests, and continued weight loss. On 12/20/2014 Utilization Review non-certified a urine toxicology, noting the documentation did not support a high risk profile required to support medical necessity. The MTUS Guidelines were cited. On 1/16/2015, the injured worker submitted an application for IMR for review of urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrospective urine tox for dos:12/01/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): pages 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. The utilization review physician did not certify this request as ODG guidelines support a drug screen within 6 months of initiation of therapy with an addictive substance, and then yearly drug screening in low risk individuals. Regarding this patient's case, there is no documented evidence of suspected aberrant behavior. MTUS guidelines are not satisfied. Therefore, this request for drug testing is not considered medically necessary.