

Case Number:	CM15-0017866		
Date Assigned:	02/05/2015	Date of Injury:	08/14/2003
Decision Date:	04/22/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 50 year old male, who sustained an industrial injury on August 14, 2003. The diagnoses have included status post microscopic discectomy, L5-S1 to the right and decreased disc space L4-5 and L5-S1. Treatment to date has included oral pain medications. Currently, the injured worker complains of low back pain that is worse with prolonged activity and is improved with rest and acupuncture. In a progress note dated November 17, 2014, the treating provider reports lumbar exam notes injured worker walks with difficulty and difficulty changing position and getting onto exam table, there is tenderness in the lumbar paraspinal regions, motion restricted and causes painful symptoms, guarded with motion and muscle spasm present. On January 6, 2015 Utilization Review non-certified a urine toxicology screen, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 urine toxicology screen (DOS: 11/12/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mary 2009 (Substances abuse (tolerance dependence, addition)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing lower back pain. The worker was not prescribed any restricted medications. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for urinary toxicology screening for the date of service 11/12/2014 is medically necessary.