

Case Number:	CM15-0019344		
Date Assigned:	02/09/2015	Date of Injury:	07/11/2014
Decision Date:	04/02/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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 53-year-old male who reported an injury on 07/11/2014. His diagnoses included lumbosacral radiculopathy. His mechanism of injury was not included. His medications included omeprazole 20 mg, diclofenac 100 mg, Norflex 100 mg, and tramadol 37.5 mg. The progress report dated 11/10/2014 documented the injured worker had x-ray of lumbar spine with flexion and extension on 10/28/2014. The positioning in flexion for the x-ray increased the low back pain and numbness and swelling. The progress report is difficult to read. On physical examination, the injured worker was noted to have continued painful range of motion to the lumbosacral spine. The treatment plan was to request MRI of the lumbosacral spine, continue pain medications and topical compounds, obtain urine toxicology screen, and return to clinic in 4 to 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for Urine Toxicology Screen is not medically necessary. The California MTUS guidelines state actions of ongoing management should include use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The latest urine drug screen in the medical record was noted to have been collected on 12/08/2014, and was appropriate for medications prescribed. Therefore, without any signs of aberrant drug behavior, the request for another toxicology screen is not medically necessary.