

Case Number:	CM15-0141192		
Date Assigned:	08/04/2015	Date of Injury:	07/08/2003
Decision Date:	09/01/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California
 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 was a 48-year-old female, who sustained an industrial injury, July 8, 2003. The injured worker previously received the following treatments Methadone, Neurontin, Oxycodone, Soma, Celebrex, Dendracin lotion, discontinued Norco due to increased liver enzymes, toxicology laboratory studies were negative for any unexpected findings, on June 10, 2015, physical therapy and epidural injections without benefit. The injured worker was diagnosed with chronic pain, status post anterior and posterior L4-S1 fusion on June 28, 2006, opioid dependency and elevated liver enzymes. According to progress note of June 1, 2015, the injured worker's chief complaint was pain in the mid and low back. The injured worker rated the pain at 8 out of 10 with the use of medications and 10 out of 10 without medications. The injured worker had associated numbness in the left lower extremity. The injured worker noted the symptoms worsened with prolonged standing, walking, sitting, bending and twisting motions. The injured worker also complained of left knee pain. The physical exam noted moderate tenderness from L1-S1 with 2 plus muscle spasms. The range of motion of the lumbar spine was flexion of 50 degrees, extension of 302 degrees, right rotation of 40 degrees and left rotation of 40 degrees. The treatment plan included a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, the claimant was on Methadone and Oxycodone with prior inconsistent urine tests. The combined use has a high incidence of addiction and heroine like effect. Compliance monitoring is necessary to assure safety and avoid abuse. Based on the above references and clinical history a urine toxicology screen is medically necessary.