

Case Number:	CM15-0146337		
Date Assigned:	08/07/2015	Date of Injury:	06/13/2000
Decision Date:	09/11/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/28/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female with an industrial injury dated 06-13-2000. Her diagnoses included low back pain, status post discectomy on lumbar 4-5 and grade 2 anterolisthesis at lumbar 4-5 with moderate central stenosis and bilateral foraminal stenosis. Prior treatment included medications, diagnostics and work restrictions. She presents on 03-25-2015 (most recent record available) with complaints of low back pain with radiating symptoms down the bilateral posterior lower extremities. She rates low back pain as 8 out of 10 and with medication, she rates it as 5 out of 10. Objective findings noted pain with range of motion. She was able to stand on her toes and walk on her heels for a few steps. Her medications include Norco, Valium, Relafen, Prilosec and Amitriptyline. The provider notes Valium helps her significantly with her pain and anxiety and Norco helps her remain functional despite pain. The provider also documents she has been tolerating current medication and denies any side effects. The treatment request for review is for retro DOS: 5.20.15 for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 5.20.15 for urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no information on the dates and results of previous UDSs. Therefore, the request for retrospective Urine drug screen is not medically necessary.