

Case Number:	CM15-0180055		
Date Assigned:	09/21/2015	Date of Injury:	04/03/2000
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 49 year female, who sustained an industrial injury on April 3, 2000. Current diagnoses or physician impression include(s) post lumbar laminectomy syndrome, low back pain and chronic pain syndrome. Her current work status is permanent and stationary. Reports dated 5-11-15 and 6-9-15 noted that the injured worker presented with complaints of back and left knee pain. She reported muscle spasms in her legs are worse at night, but experiences relief from Robaxin. Physical examination performed on 6-8-15 revealed the left knee is "painful with range of motion and is restricted beyond 90 degrees with crepitus noted". The lumbar spine, per note dated 5-11-15 revealed loss of lumbar lordosis, an altered gait, severe decrease in range of motion in all directions with pain, midline tenderness, moderate paravertebral spasms (right greater than left), diffuse lower extremity muscle weakness, decreased sensation along the left lateral thigh and lateral calf. Previous diagnostic studies include an MRI, and urine toxicology screen, which per note dated 6-9-15 was inconsistent. Previous treatments included medications Naproxen, Prilosec, Toradol, OxyContin, Percocet, Gabapentin and Robaxin. The treatment plan included home exercise program. Request for authorization dated 9-12-15, is for a urine drug screen (date of service 6-8-15). The utilization review dated 8-25-15, denied the request due to inconsistent "CURES reports and urine drug screens in the past and given the lack of necessity for ongoing use of opioid medication the urine drug screen is not supported as a urine drug screen was not necessary to monitor compliance at that time".

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine drug screen (DOS: 6/8/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: MTUS 2009 states that urine drug testing is an option if illicit drug use is suspected. This patient has already had multiple drug screens showing results inconsistent with the drugs prescribed. No action has been taken based on these results. The medical records do not explain the goal of further testing in this situation. The patient has already demonstrated on multiple occasions a lack of adherence to the medication regimen. There is no compelling reason to continue drug testing without a care plan in place. The urine drug test is not medically necessary.