

Case Number:	CM15-0180913		
Date Assigned:	09/22/2015	Date of Injury:	12/28/2009
Decision Date:	11/02/2015	UR Denial Date:	08/19/2015
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: 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 is a 51 year old male, who sustained an industrial injury on December 28, 2009. The injured worker underwent a pain management evaluation on July 2, 2015 with complaints of severe low back pain with radiculopathy. He had a previous lumbar fusion of L5-S1 with residual additional internal derangement with grade I spondylolisthesis with moderate neuroforaminal narrowing. He relied on his medications for pain management. His medication regimen included Percocet 10-325 mg three times per day, gabapentin 300 mg three times per day and topical compound cream of ibuprofen 20%. A urine drug screen was received on July 14, 2015. The injured worker was diagnosed with status post L5-S1 with lumbar fusion with persistent lumbago, MRI finding of moderate bilateral foraminal stenosis with disc height loss with radiculopathy, bilateral lumbar radiculopathy and chronic intractable pain. A request for authorization for urine drug screen x 3 was received on August 12, 2015. On August 19, 2015, the Utilization Review physician determined the request for urine drug screen x 3 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 urine drug screens: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support the request for urine drug screen. The request for 3 urine drug screens is not medically necessary and appropriate.