

Case Number:	CM15-0193658		
Date Assigned:	10/07/2015	Date of Injury:	04/19/1999
Decision Date:	11/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, 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:

This is a 61 year old male patient, who sustained an industrial injury on April 19, 1999. He sustained the injury due to lifting. The diagnoses include lumbar spine herniated nucleus pulposus with degenerative disc disease and bilateral lower extremity radiculopathy. Per a progress note dated July 13, 2015 he had complaints of pain to the low back that radiates to the right leg. The physical examination revealed decreased sensation to the right arm to the cervical six and seven dermatomes, decreased range of motion to the cervical and lumbar spine, decreased sensation to the bilateral lower extremities, positive straight leg raises to the bilateral lower extremities, and decreased range of motion to the cervical and lumbar spine. The medications list includes norco, zolpidem, ranitidine and ibuprofen. He has undergone lumbar spine surgery in 2003 and on 5/20/1999. He has had CT lumbar spine dated 12/26/2012. He has had physical therapy visits, acupuncture, epidural steroid injection on 7/28/15, trigger point injections, psyche consult and lumbar discography. He has had urine drug screen on 9/3/14 and 2/23/15 which was positive for acetaminophen, hydrocodone and tramadol. On September 01, 2015 the Utilization Review determined the request for a urine drug screen to be non-certified.

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 Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

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

Decision rationale: Urine drug screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medications included opioid- Norco. He has had a urine drug screen last on 2/23/15. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. The request of Urine drug screen is medically appropriate and necessary for this patient at this juncture.