

Case Number:	CM15-0204177		
Date Assigned:	10/21/2015	Date of Injury:	08/11/2010
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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 is a 32 year old male, who sustained an industrial injury on 8-11-2010. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis, unspecified region, and depressive disorder. Treatment to date has included diagnostics, physical therapy, epidural steroid injection, and medications. Many documents within the submitted medical records were handwritten and difficult to decipher, including the PR2 dated 8-18-2015. On 8-18-2015, the injured worker complains of no relief after lumbar epidural steroid injection, noting radiating pain rated 8 out of 10. Objective findings included tenderness to palpation, decreased sensation, decreased flexion, and positive straight leg raise. Current medication regimen was not documented. He remained off work. The treatment plan included toxicology screen. The urine toxicology screening (8-18-2015) was negative for all tested analytes. Previous urine toxicology reports were not submitted. On 9-15-2015, lumbar pain was rated 8-9 out of 10, and he was prescribed Gabapentin, Ibuprofen, and Ultracet. On 9-18-2015, Utilization Review non-certified a request for 1 drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Drug screening: 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): Opioids, screening for risk of addiction (tests).

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. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.