

Case Number:	CM15-0204467		
Date Assigned:	10/21/2015	Date of Injury:	10/17/2013
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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: Internal 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 40 year old male, who sustained an industrial injury on 10-17-2013. The medical records indicate that the injured worker is undergoing treatment for possible lumbar disc injury, lumbosacral sprain, thoracic sprain-strain, cervical sprain-strain, and myalgia-myositis. According to the most current progress report dated 6-29-2015, the injured worker presented with complaints of elevated pain levels. His pain increases with lifting, pushing, bending, and personal hygiene. He describes his pain as a dull ache that becomes sharp. On a subjective pain scale, he rates his pain 2-5 out of 10. The physical examination of the lumbar spine reveals stiff and painful active range of motion and positive straight leg raise test. The current medications are not specified. However, Ultracet was noted to be given in the past. Previous diagnostic studies were not indicated. Treatments to date include heat, cold pack, and home exercise program. Work status is described as regular job duties. The original utilization review (9-29- 2015) had non-certified a retrospective request for urine drug screen (DOS: 2-21-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (DOS 2/21/15): Overturned

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

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

Decision rationale: The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs .It also states that prior to the use of opioid pain medication that urine drug screening is an option to screen for the presence of illegal drugs. The patient was noted to be on Ultracet, which is an opioid like medicine, in the past. Therefore, the PCP was justified in ordering this test. The UR decision is overturned.