

Case Number:	CM15-0020596		
Date Assigned:	02/10/2015	Date of Injury:	01/15/2012
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, New York
 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 59-year-old male, who sustained an industrial injury on 01/15/2012. He has reported low back pain. The diagnoses have included lumbago, lumbar discogenic disease at L2-L3 and L3-L4. Treatments have included medication and physical therapy. Medications have included Ibuprofen. Currently, the IW complains of low back pain with radiation all the way down into his right leg; and pain is rated at 6-9/10 on the visual analog scale. A progress note from the treating physician dated 06/18/2015, reported objective findings to include lumbar spine with spasm bilaterally; decreased range of motion; positive Kemp sign; and diminished pain and touch sensation on the right L3 and L4 nerve root distribution. The treatment plan included prescriptions for medications. Request is being made for a urine drug screen from sample collected on 06/18/2014. On 01/07/2015 Utilization Review noncertified, a prescription for one urine drug screen from sample collected on June 18, 2014. The CA MTUS was cited. On 01/30/2015, the injured worker submitted an application for review of one urine drug screen from sample collected on June 18, 2014..

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine and drug screen from sample collected on June 18, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request for a urine drug screen is considered not medically necessary. His medications do not include opioids or other controlled substance that requires documentation of the 4 As of opioid monitoring. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Patients at high risk of drug abuse warrant evaluation with urine drug screen. The chart does not document concerns for illicit drug use or non-compliance therefore, this request is not medically necessary.