

Case Number:	CM15-0037040		
Date Assigned:	03/05/2015	Date of Injury:	03/24/2011
Decision Date:	04/09/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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: Preventive Medicine, Occupational 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 54 year old, male patient, who sustained an industrial injury on 03/24/2011. A primary treating office visit dated 01/29/2015 reported subjective complaint of constant lower back pain that radiates to his buttocks, thighs and ankles. The pain is described as aching, piercing, sharp and stabbing and rates it a 9 or 10 in intensity, out of 10. In addition, he complains of parasthesia to bilateral lower extremities. The patient is also with complaint of difficulty sleeping. Treatment modalities that offer some temporary pain relief are rest, medication, heat and activity modification. He currently takes Tramadol ER and Prilosec for gastric issues, Zanaflex, Gabapentin 300mg and Colace. Objective findings showed the following with positive findings; Valsalva, Kemp's, Heel - toe walk, Iliac compression and Facet signs bilaterally. The following diagnoses are applied; lumbar bulging disc L4, L3-4, L5-S1; moderate L5 radiculopathy of bilateral lower extremities; rectal bleeding and insomnia. Multiple prior drug screens were performed. No problems were reported. A retrospective request was made for a quantitative and qualitative drug screen. On 02/18/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Page 43, Urine Drug Testing was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for date of service (DOS): 11/12/14 for Quantitative and Qualitative drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Urine Drug Screens.

Decision rationale: MTUS Guidelines support the appropriate use of drug screening when long term opioids are utilized, however the MTUS Guidelines do not provide adequate details to determine medically necessary frequency and type of testing. ODG Guidelines provide adequate details and recommend only annual screening when there is low risk for abuse. In addition, the ODG Guidelines do not recommend quantitative testing unless there is a defined issue with the qualitative testing. These standards are not met with this individual. No high risk behaviors are reported and the need for quantitative is not substantiated. Under these circumstances the 11/12/14 quantitative and qualitative drug screen was not medically necessary.