

Case Number:	CM15-0055389		
Date Assigned:	03/30/2015	Date of Injury:	11/20/2010
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 57-year-old male, who sustained an industrial injury on 11/20/2010. Treatment to date has included spinal cord stimulator and medications. According to a progress report dated 03/10/2015, the spinal cord stimulator substantially reduced his lower extremity radicular pain, but was not as effective in relieving his ongoing low back pain. Pain medications were used on occasions and he requested a refill. Diagnoses included thoracic or lumbosacral neuritis or radiculitis unspecified, displacement of lumbar intervertebral disc without myelopathy and spinal stenosis lumbar region without neurogenic claudication. Treatment plan included Norco. The provider noted that the injured worker had a signed pain management agreement updated on 12/05/2014. There was no evidence of impairment or abuse and urine drug tests were consistent with prescription. On 02/18/2015, an authorization request was submitted and included a request for a urine drug screen for the date of service of 03/19/2015. A urine drug screen dated 10/09/2014 and 12/05/2014 was included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test; Opioids criteria for use Page(s): 43; 75-78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The medical records do not establish there are issues of abuse, addiction, or poor pain control with this injured worker. Additionally, there is no indication that there is concern regarding the use or the presence of illegal drugs. Furthermore, prior urine drug screens have been consistent. The request for repeat urine drug screen is not supported. The request for urine drug screen is not medically necessary and appropriate.