

Case Number:	CM15-0063132		
Date Assigned:	04/08/2015	Date of Injury:	10/27/1975
Decision Date:	05/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/02/2015

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 62 year old male, who sustained an industrial injury on 10/27/1975, while employed by a police department. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified, other symptoms referable to back and unspecified derangement of joint, upper arm. Treatment to date has included surgical interventions, spinal cord stimulator, diagnostics and medications. Urine drug screen, dated 10/09/2014, was submitted. On 10/09/2014, the injured worker complained of trigger fingers in both hands surgeries on both hands were noted within the last 3 months), chronic neck pain, severe low back pain and radicular symptoms in the right lower extremity. Medications included Opana, Hydrocodone, Robaxin, and Omeprazole. A narcotics agreement was documented as appropriate, with no evidence of impairment, abuse, diversion, or hoarding. Recent prior urine drug screening was noted 6/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Toxicology (DOS 10/09/2014): 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 opioids and urine toxicology Page(s): 82-92.

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. The claimant had several urine screens in 2014 that did not indicate variance or deviance. Based on the above references and clinical history a urine toxicology screen in 10/9/14 is not medically necessary.