

Case Number:	CM15-0082075		
Date Assigned:	05/04/2015	Date of Injury:	02/11/2010
Decision Date:	06/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 63 year old male, who sustained an industrial injury, February 11, 2010. The injured worker previously received the following treatments Neurontin, ultrasound guided injection, right shoulder injections, random toxicology laboratory studies and right S1 epidural steroid injections, lumbar spine MRI and Flexeril. The injured worker was diagnosed with myofascial pain syndrome, cervical strain/sprain, lumbar strain/sprain, right rotator cuff syndrome chronic, right shoulder injection and left ankle strain. According to progress note of February 25, 2015, the injured workers chief complaint was increased pain in the lumbar spine with radiation of pain into the right buttocks. There was numbness and gluteal spasms in that area. The physical exam noted right greater than the left paraspinal muscle trigger points with spasms go down the back. There was complaint of pain in all planes with range of motion. There was decreased sensation in the right shoulder with decreased strength. The treatment plan included urine drug screening performed on February 25, 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 performed on 2/24/15 per 2/25/14 request: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77, 80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p76-80 Page(s): 76-80.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for radiating low back pain. Urine drug screening was performed 3 times in 2013 and most recently in August 2014 with expected results. When seen they were having increasing lumbar spine and buttock pain with numbness and muscle spasms. A trigger point injection was performed. Medications being prescribed were Flexeril, Neurontin, and Terocin. His Neurontin dose was increased. Criteria of the use of opioids address the role of urine drug screening. In this case, the claimant is not taking an opioid medication. Prior urine drug testing within the previous year had been consistent with the medications being prescribed. The urine drug screening performed is not medically necessary.