

Case Number:	CM13-0030677		
Date Assigned:	11/27/2013	Date of Injury:	04/15/2008
Decision Date:	06/17/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/01/2013

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. The expert reviewer is Board Certified in Anesthesiologist and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year old male who reported an injury on 04/15/2008. The mechanism of injury was lifting a box of copy paper weighing approximately 60 pounds. The clinical note dated 09/10/2012 reported the patient complained of ongoing pain to the thoracic and lumbosacral spine and as well as his left hip. The patient stated his pain level was 7/10. There was noted stiffening and decreased range of motion noted to the cervical spine. Decreased range of motion also noted to lumbar spine, with negative straight leg raise. The patient was receiving Norco 10/325 mg 1 tablet three times a day as needed, Flexeril 7.5mg daily as needed, Protonix 20mg twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 URINALYSIS DRUG SCREENING (DOS: 9/18/12): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: According to the California MTUS guidelines urine drug screens are recommended if there are issues of abuse, addiction, or poor pain control. In this case, there were no clinical findings that would suggest a need for a urine drug screen. There is mention of the patient continuing his medication management; however, there was no pain management agreement noted in the medical record provided. There was also no information provided to suggest the patient was misusing his medications. As such, the retrospective request for a urine drug screen is not medically necessary and appropriate.