

Case Number:	CM14-0116743		
Date Assigned:	09/19/2014	Date of Injury:	07/21/2012
Decision Date:	10/17/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 43 year old female with a 7/21/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/22/14 noted subjective complaints of low back pain. Objective findings included lumbar tenderness. It was noted in 5/22/14 that the patient was being prescribed medications including Norco, Flexeril, and Ultram. Diagnostic Impression: lumbar strain. Treatment to Date: lumbar fusion, medication management. A UR decision dated 7/1/14 denied the request for urine drug screen for medication management/pain medication therapy. The documentation does not indicate that the claimant is currently utilizing any controlled substances or that the clinician intends to provide the claimant with controlled substances.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen to Evaluate for Medication Management/Pain Medication Therapy:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines urine testing in ongoing opiate management Page(s): 43,78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The patient is noted to be on narcotic medications including Norco, Ultram, and Flexeril. Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Therefore, the request for 1 urine drug screen to evaluate for medication management/pain medication therapy is medically necessary.