

Case Number:	CM14-0119931		
Date Assigned:	09/16/2014	Date of Injury:	03/03/2009
Decision Date:	10/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 63-year-old male who was reportedly injured on March 3, 2009. The mechanism of injury is noted as involvement in a motor vehicle collision. The most recent progress note dated February 24, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated numerous psychiatric maladies. Diagnostic imaging studies objectified the lumbar fusion surgery. Previous treatment includes lumbar fusion surgery, physical therapy, psychiatric care, multiple medications, and pain management interventions. A request was made for random urine drug screening and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Drug Screen 4 x year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 78.

Decision rationale: As noted in the ACOEM guidelines, this is an option during treatment involving chronic opioid medications. However, there needs to be a clinical reason for this

assessment such a suspicion of drug diversion, illicit drug use, drug intoxication, or some other parameter. Seeing none, there is no medical necessity.