

Case Number:	CM14-0125900		
Date Assigned:	08/13/2014	Date of Injury:	11/20/2010
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 Occupational 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:

This is a 57-year-old male with a 11/20/10 date of injury. His diagnosis is lumbar spinal stenosis and disc disease. The patient was seen on 5/1/14 for follow up of an spinal cord stimulation (SCS) implant and was reported to be doing well with it. The patient claims he uses his pain medications 3-4 times per week. The patient is able to perform their activities of daily living (ADL's) with the (SCS) and pain medications. Exam findings reveal lumbar spine tenderness and pain on extreme motion, 4/5 strength in the right lower extremity, decreased Achilles reflex, and normal sensation. Treatment to date: medications. The UR decision dated 7/09/14 denied the request as there was a lack of documentation of any urine tests in the last 12 months and no indication the patient was displaying any aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening. Decision based on Non-MTUS Citation Official Disability Guidelines: Drug Screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing , Urine testing in 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. There is no evidence to support that the patient misuses or abuses their opiate medication. There is no indication of a prior history of aberrant behavior or drug abuse. There is no documentation to support any inconsistent prior urine drug screens. Therefore, the request for a urine drug screen was not medically necessary.