

Case Number:	CM14-0133802		
Date Assigned:	08/27/2014	Date of Injury:	01/13/2014
Decision Date:	09/19/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 patient is a 50 y/o male who developed persistent low back pain subsequent to a lifting injury on 1/13/14. His MRI shows lower lumbar spondylolysis with mild instability. He has been treated with P.T. and oral anagesics. His medications have been stable for greater than 6 months and consist of Flexeril, Naprosyn and Ultram 50mg. #60 per month. A urine drug screen on 4/23/14 was consistent with his prescriptions. There is no hint of medication misuse or aberrant drug behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a full panel drug screen, QTY: 1, for the service date of 08-04-14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: MTUS Guidelines supports urine drug screen testing when initiating care or first prescribing an opioid and subsequent drug testing is suggested if there are concerns

regarding misuse. ODG Guidelines provide additional details regarding the appropriate frequency of urine drug testing which is based on risk stratification. This patient's risk is documented to be very low and under these circumstances annual urine drug testing is recommended as an adequate frequency. The repeat urine drug screen on 8/4/14 is not medically necessary.