

Case Number:	CM14-0141308		
Date Assigned:	09/10/2014	Date of Injury:	11/10/1995
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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 and is licensed to practice in Illinois. 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 reported an injury on 11/10/1995 sustained injuries to his low back. The injured worker's treatment history included physical therapy session, medications, fusion and removal of posterior hardware and MRI studies. The injured worker was evaluated on 03/10/2014 and it was documented the injured worker had significant benefit from 12 physical therapy sessions. He stated his pain improved by 50%. His pain was 6/10 on the visual analog scale. Physical examination revealed he was nontender and range of motion was normal. Inspection of the spine revealed a well healed relatively large posterior incision, he denied specific pain with mild palpation, but more with more moderate to severe palpation. This elicits pain in the middle of the low back as well as in the paraspinal muscles. The pain is also provoked with lumbar flexion beyond about 30 degrees. There was no pain with rotation, but there was pain with lumbar extension beyond -5 degrees. There is no pain over the sacroiliac joints or over the trochanteric bursae bilaterally. Neurologically, his strength was 5/5 in the hip, knees, and ankles. His reflexes were intact. His sensation was grossly normal. Diagnoses included status post work related injury, history of multilevel lumbar fusion with removal of hardware, chronic axial low back pain with secondary myofascial pain and spasm. Medications included Norvasc 10 mg, Tramadol 50 mg, and Prilosec. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology- Urine Drug Screen every 90 days and/or every 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Page(s): 43..

Decision rationale: The request for the random urine toxicology-urine drug screen every 90 days and/or every 3 months is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence& addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The guidelines recommends urine drug screen 1 a year. The provider indicated the urine drug screen was for medication compliance, however there was no indication how long injured worker has been on opioids. Given the above, the request for the urine drug screen is not medically necessary.