MAXIMUS Federal Services

Case Number:	CM14-0161983		
Date Assigned:	10/07/2014	Date of Injury:	03/07/2011
Decision Date:	11/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 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:

Patient is a year-old male with date of injury 03/07/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/22/2014, lists subjective complaints as pain in the low back. PR-2 supplied for review was handwritten and illegible. Objective findings: Mild facet tenderness was noted. Range of motion was restricted in all planes. Sensation was intact to the bilateral lower extremities. Movement and gait was slow. Tenderness to palpation at the lumbosacral junction. Diagnosis: 1. Status post lumbosacral fusion on 01/23/2013 2. Spondylothesis with bilateral lower extremity radiculopathy. Patient is currently prescribed Norco, Prilosec, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology-Urine Drug Screen (Random Urine Sample): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

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

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the

ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that requested urine drug screen had been used for any of the above indications. Therefore, the request for Toxicology-Urine Drug Screen (Random Urine Sample) is not medically necessary and appropriate.