

Case Number:	CM14-0166832		
Date Assigned:	10/14/2014	Date of Injury:	07/14/2005
Decision Date:	11/14/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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:

The claimant was injured on 07/14/05. A urine drug screen is under review. On 01/31/14, he was still using Norco. The urine toxicology results were not reviewed. This testing was previously consistent with the use of Norco which he was maintained on. He had a urine drug screen on 01/03/14 that was negative for all analytes except hydromorphone and norhydrocodone. On 03/27/14, he stated his stomach was upset and it was helped by Protonix. His back pain was helped by Norco. He was using a TENS unit. Medications included Norco, Lidoderm, and Protonix. He had tightness and spasms. He was to continue his home exercise program. It is not clear when this repeat urine drug screen was ordered. On 07/17/14, the claimant reported tolerating Duexis but only when he takes it intermittently. He had a rash and nausea/vomiting with Zohydro. Fentanyl patch caused dizziness and vomiting and he stopped it. Norco and Lidoderm helped some with pain. He was using Zanaflex for spasms. He was also using a TENS unit that helped. Medications included Norco, Lidoderm, Duexis, Zanaflex, and Protonix. He had tightness, spasms, and trigger points of his low back. He underwent trigger point injections. Acupuncture was recommended and he was to continue his medications and topical anti-inflammatories.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a urine drug screen. The MTUS state "drug tests may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no evidence that illegal drug use or noncompliance with recommended medication use may be suspected. The claimant reportedly has been compliant with his medication use and a past drug screen was consistent. The urine drug screen that was done in January is not discussed in the following notes. It is not clear why a repeat drug screen has been requested. The specific indication for a repeat drug screen has not been described and none can be ascertained from the records. The medical necessity of this request for a repeat drug screen has not been clearly demonstrated.