

Case Number:	CM14-0179624		
Date Assigned:	11/04/2014	Date of Injury:	07/22/2011
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 injured worker is a 47-year-old female who reported an injury on 07/22/2011 due to an unknown mechanism. Diagnosis were cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, hypertension, and gastroesophageal reflux disease. Physical examination, dated 07/17/2014, revealed complaints of constant achy pain in the neck, as well as sharp, achy back in the low back. The severity of the neck pain was rated a 6/10 and the low back pain was rated a 7/10 without medication or therapy. The pain was reported to be reduced to a 4/10 in the neck, and a 4/10 to 5/10 in the low back with medications. Examination of the cervical spine revealed tenderness to palpation with muscular spasm of the paraspinal musculature. Cervical compression test was negative. Examination of the lumbar spine revealed tenderness to palpation with muscular spasm over the paraspinal musculature. Straight leg raise was positive on the right. Medications were tramadol 150 mg, Naproxen 550 mg, and cyclobenzaprine 7.5 mg, and Methoderm topical cream. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation - Pain Procedure Summary

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

Decision rationale: The decision for Urine toxicology is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioid, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. There were no signs of aberrant drug abuse reported. Therefore, this request is not medically necessary.