

Case Number:	CM14-0180335		
Date Assigned:	11/05/2014	Date of Injury:	09/07/2008
Decision Date:	12/17/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 52 year-old male with date of injury 09/07/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/25/2014, lists subjective complaints as pain in the low back. Patient is status post left L5-S1 foraminotomy/laminectomy on 06/25/2013. Patient is currently taking Norco 10/325mg, BID; omeprazole 20mg, BID (2x a day); Januvia (no dosage or frequency provided); glipizide (no dosage or frequency provided); metformin (no dosage or frequency provided); and unspecified blood pressure medications (no dosage or frequency provided). Objective findings: Examination of the lumbar spine revealed bilateral myofascial tenderness from L3 through S1. Patient had 1-muscle spasms and negative twitch response. Range of motion was flexion 45 degrees, extension 10 degrees, left lateral flexion 15 degrees, and right lateral flexion 15 degrees. Straight leg raise was positive on the left at 40 degrees and negative on the right. Sensory exam revealed hypesthesia in the left L5 and S1 dermatomes. Diagnosis: 1. Lumbar spine strain/sprain 2. Bilateral chronic active L5 and S1 radiculopathy, left greater than right 3. Status post left L5-S1 laminectomy/foraminotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, once a quarter (qty: 4): Upheld

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

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 records provided that a urine drug screen was to be used for any of the above indications. The request is therefore not medically necessary.