

Case Number:	CM14-0182686		
Date Assigned:	11/07/2014	Date of Injury:	10/02/2002
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 63-year-old man who sustained a work-related injury on October 2, 2002. Subsequently, he developed with chronic back pain. He was diagnosed with the lumbar low and paresthesia. He was treated with multiple surgeries, physical therapy and pain medication. According to a progress report dated on August 27, 2014, the patient was complaining of continuous back pain. His physical examination and neurologic examination was normal. The patient was diagnosed with chronic back pain, increased tone in both lower extremities and paraparesis. The patient has urine drug screen performed prior to August 2014 which demonstrated, according to the preliminary report, no alcohol abuse. The provider requested authorization for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen for DOS 9/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screen is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no indication that the patient is using illicit drugs or non compliant with her medications. The patient prior urine drug screen was negative for alcohol or illegal drugs. There is no clear justification for the request of UDS. Therefore, the request for Urine drug screen is not medically necessary.