

Case Number:	CM14-0090478		
Date Assigned:	07/25/2014	Date of Injury:	01/31/2008
Decision Date:	09/25/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55 year old female who sustained multiple injuries as a result of a fall down a stairwell on 01/31/08. The record reflects the injured worker is status post lumbar fusion from L2 through L5. She has chronic pain for which she was managed by oral medications. Her medication profile included Lidoderm patches, Cymbalta, Lansoprazole, Relafen, Topamax, Opana ER, and Zofran. Most recent physical examination noted findings consistent with failed back surgery syndrome including decreased sensation in the lower extremities, decreased Achilles reflex, and muscle spasm. Utilization review determination dated 06/05/14 non-certified the request for urine drug screen times three.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen x 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Screen.

Decision rationale: The submitted clinical records indicate that the injured worker has a failed back surgery syndrome and objective findings of neuropathic pain on examination. She will chronically be maintained on oral medications and as such per the MTUS requires regular and random urine drug screens to assess for compliance. Therefore, based on the clinical data provided, the requested urine drug screens are medically necessary to comply with the MTUS guidelines. Such as, Urine Drug Screen x 3 is medically necessary.