MAXIMUS Federal Services

Case Number:	CM14-0211857		
Date Assigned:	12/24/2014	Date of Injury:	04/23/2007
Decision Date:	02/25/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 52-year-old man who sustained a work-related injury on April 23, 2007. Subsequently, the patient developed chronic low back pain. According to the progress report dated December 12, 2014, the patient complained of low back and extremity pain. He continued to have aching, stabbing low back pain with radiation to posterior legs with numbness and pins and needles. Without his mdications (Norco, amitriphyline, baclofen) his pain is a 10/10. With the medication, his pain is a 7/10. A UDS from November 14, 2014 was consistent with medications being prescribed. A CURES report from December 3, 2014 was consistent with only one provider was prescribing his opioid medications. There was a signed opioid agreement in the patient's chart. Examination of the lumbar spine revealed tenderness in the paraspinal muscles of the lower thoracic and entire lumbar spine. Range of motion was decreased in all fields. He had pain with forward flexion. Reflexes of the patella were 1+, Achilles were trace. Strength was 4+/5 in both lower extremities. Sensation was normal. Straight leg raise was positive on the left. Patrick's was negative. The patient was diagnosed with lumbar postlaminectomy syndrome and low back pain. The provider requested authorization for Urine Drug Test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (DOS: 10/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chronic Pain Medical Treatment Guidelines, urine toxicology screens are indicated to avoid misuse/addiction. The guidelines state "consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, urine drug screen is not medically necessary.