

Case Number:	CM15-0002835		
Date Assigned:	01/13/2015	Date of Injury:	10/20/1991
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who reported an injury on 10/20/1991. The mechanism of injury was not submitted for review. Injured worker has diagnoses of degeneration of intervertebral disc, neuritis, hypertensive disorder, neuralgia, low back pain, and lumbar postlaminectomy syndrome. Past medical treatment consists of surgery, physical therapy, acupuncture, and medication therapy. Medications consist of Celebrex 200 mg, fluticasone 50 mcg, hydrocodone/acetaminophen 10/325, morphine ER, Norco 5/325, and triamterene 37.5 mg. On 07/02/2014, the injured worker underwent a urine drug screen, which showed they were compliant with prescription medications. On 11/19/2014, the injured worker complained of low back pain. The injured worker rated the pain at a 6/10. Physical examination noted moderate distress secondary to back pain. Neck was subtle to palpation. There was tenderness to the right lumbar paraspinal muscle. Straight leg raise test was negative. Sensation was grossly intact in both lower extremities. Medical treatment plan is for the injured worker to continue with medication therapy and acupuncture. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for future Urine Drug Screens, quantity 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT)

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

Decision rationale: The request for future urine drug screens, quantity 3 is not medically necessary. California MTUS Guidelines recommend a urine drug screen 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 opioids, for ongoing management, and as screening for risk of misuse and addiction. The documentation provided did not indicate that the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. Additionally, drug screen which was obtained in 07/2014 indicated that the injured worker was compliant with prescription medications. Additionally, the request as submitted is for a quantity of 3 urine drug screens. There were no significant factors provided to justify the use outside of current guidelines. Given the above, the request would not be indicated. As such, the request is not medically necessary.