

Case Number:	CM15-0003547		
Date Assigned:	01/14/2015	Date of Injury:	07/31/2014
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a female, who sustained an industrial injury on 07/31/2014. On Physician's Progress Report 10/26/2014 she reported frequent and moderate lumbar spine pain. On examination she was noted to have a decrease in range of motion and tenderness over the lumbar spine paraspinal muscles. The diagnoses have included lumbar spine sprain/ strain, thoraco/lumbar neuritis and radiculitis, pain in soft tissue of limb. Treatment plan included Motrin and Flexeril, topical cream, Ultracel and patches. On 12/11/2014 Utilization Review modified the urine toxicology. The CA MTUS Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioid Page(s): 22; 77.

Decision rationale: The injured worker sustained a work related injury on 07/31/2014. The medical records provided indicate the diagnosis of lumbar spine sprain/strain, thoraco/lumbar neuritis and radiculitis, pain in soft tissue of limb. Treatment plan included Motrin and Flexeril, topical cream, Ultracel and patches. The medical records provided for review indicates a medical necessity for Urine toxicology. The records indicate she was placed on Ultracet (Tramadol and Acetaminophen) on 10/20/2014. Tramadol is an Opioid medication, and the MTUS recommends the urine drug testing as an option to assess for the use or the presence of illegal drugs. The recommended test is medically necessary and appropriate.