

Case Number:	CM15-0006621		
Date Assigned:	01/26/2015	Date of Injury:	11/09/2011
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male who reported an injury on 11/09/2011 due to an unspecified mechanism of injury. On 10/15/2014, he presented for a followup evaluation regarding his work related injury. He reported that he had completed pool and land therapy and had undergo additional pool therapy with further improvement. He noted his back and leg pain were improving, but he continued to require tramadol 1 daily. A physical examination showed extraocular movements were intact, pupils were equal, and he had no respiratory insufficiency. He had healed lumbar and abdominal incisions and there was no gait disturbance noted. He could heel walk and toe walk, and there was a positive straight leg raise bilaterally at 45 degrees. EHL strength was 4/5 bilaterally. He was diagnosed with lumbosacral radiculopathy and grade 1 ischemic spondylolisthesis of the L5-S1 status post L5-S1 ALIF. The treatment plan was for the injured worker to be seen 6 weeks following the visit to determine his impairment rating. A urine drug screen was performed at the visit and it was stated that the results of this screen would be used to determine if a change was needed the injured worker's prescription drug therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine drug screen, QTY: 1 (DOS: 10/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76-77, 78, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, urine drug screens are indicated for those on narcotic or opioid medications who show evidence of addiction, abuse, or poor pain control. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic and taking Norco for pain. However, there is a lack of documentation showing that he had shown any evidence of abuse, addiction, or poor pain control with the use of this medication to support the urine drug screen that was performed on 10/15/2014. Also, it was stated that the rationale was to determine if a change was needed in the injured worker's medication. However, this rationale is not supported by the provided guidelines. Therefore, the request is not supported. As such, the request is not medically necessary.