

Case Number:	CM15-0102882		
Date Assigned:	06/05/2015	Date of Injury:	08/12/2011
Decision Date:	07/07/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	05/28/2015

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: New Jersey, Alabama, 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 injured worker is a 50 year old female who sustained an industrial injury on 08/12/2011. Mechanism of injury was a fall and she injured her back, right shoulder and right wrist. Diagnoses include lumbar degenerative disc disease with foraminal stenosis at multiple levels, worst at L3-4 and L4-5 and chronic low back pain and bilateral lower extremity pain. Treatment to date has included diagnostic studies, status post right shoulder surgery, and status post right shoulder closed manipulation, medications, transforaminal epidural steroid injections, physical therapy and a home exercise program. Her medications include Hydrocodone, Tizanidine, Zolpidem and Zofran. The injured worker has a signed Pain Management Agreement. A physician progress note dated 05/19/2015 documents the injured worker received a transforaminal epidural steroid injection on May 6, 2015 and there has been some improvement in her left low back pain. The pain is now mostly on the right side. She has an antalgic gait and muscle spasms of the low back, worse on the right. Her medications decrease her pain by 30% and increase her functionality. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for Retrospective Urine drug screen with a date of service of 5/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine drug screen with a date of service of 5/19/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for retrospective Urine drug screen is not medically necessary.