

Case Number:	CM15-0010908		
Date Assigned:	01/28/2015	Date of Injury:	04/03/2008
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/20/2015

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

Certification(s)/Specialty: Emergency 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 45 year old male, who sustained an industrial injury on 4/3/2008. He has reported low back injury. The diagnoses have included sprain lumbar region, thoracic lumbar disc displacement, lumbosacral neuritis, lumbar radiculopathy, intractable low back pain and status post laminectomy/discectomy, lumbar fusion. Treatment to date has included physical therapy, medications, surgery and diagnostics. Currently, the injured worker complains of low back pain which has increased with constant soreness and pain that radiates to bilateral legs down to ankles and numbness in toes. There is on and off stabbing pain in bilateral buttocks. The pain is rated 7/10. The pain is aggravated by activity. He is taking medications. Physical exam revealed tenderness to palpation over the paravertebral musculature, spasm noted and facet tenderness noted. There was decreased range of motion due to pain. There was tenderness to palpation over the bilateral gastrocnemius muscles. The sensation was decreased in bilateral left dermatomes as to pain, temperature, light touch and vibration. The Magnetic Resonance Imaging (MRI) lumbar spine revealed multilevel disc disease, disc bulge, disc protrusion, bilateral foraminal stenosis, disc osteophyte and foraminal impinging on the exiting L5 nerve root. The urine drug screen done on 10/21/14 was consistent with medications. Urine Drug screen dated 10/21/14 was positive for hydromorphone, hydrocodone and temazepam. On 1/7/15 Utilization Review non-certified a request for Retrospective urine drug screen (date of service: 11/18/2014), noting that there was no documentation of any potential related actions taken in response to any previous inconsistencies such as addiction counseling or medication weaning/discontinuation.

The medical necessity of the urine drug screen was not established. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (date of service: 11/18/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. There is no concern for abuse. Patient is currently on Opioid therapy. A urine drug screen was already done on 10/21/14. It is unclear why another UDS needed to be done within 1 month of the prior one. There is no rationale documented for request. Urine Toxicology Screen is not medically necessary.