

Case Number:	CM15-0011966		
Date Assigned:	01/30/2015	Date of Injury:	04/29/2011
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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 36-year-old female who reported an injury on 04/29/2011, due to an unspecified mechanism of injury. On 01/02/2015, she presented for a followup evaluation. She reported increased low back pain and lower extremity pain. It was stated that she had received a lumbar steroid injection on 08/12/2014, with 60% improvement of her symptoms for approximately 4 months. She also reported left greater than right lower extremity pain, and pain that traveled from the low back to the buttocks and posterior thigh, and down the dorsum of the feet. She also reported right knee pain. Her medications included Nucynta for moderate to severe pain, and Lyrica for neuropathic pain. A physical examination of the lumbar spine showed decrease range of motion and tenderness to the paraspinal muscles bilaterally in the lumbar spine from L4 to S1, with 2+ palpable muscle spasms present. She had a moderately antalgic and unassisted gait. Muscle testing was a 4/5 in the bilateral lower extremities, and there was hypoesthesia in the bilateral L5 dermatome. Reflexes were 1+. She was diagnosed with lumbar spine sprain and strain, right L5 and possibly S1 radiculopathy, right knee internal derangement, patellar chondromalacia, and obesity. The treatment plan was for a urine drug screening 4 times per year. The rationale for the request was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening 4 times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) (updated 12/31/2014)

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

Decision rationale: The California MTUS Guidelines indicate that urine drug screening is recommended for those who have issues of abuse, addiction, or poor pain control. The documentation provided does indicate that the injured worker was receiving relief with the use of her medications. Therefore, the rationale for a urine drug screen is unclear, as it was not noted that she had poor pain control with the use of her medications, and she did not show any evidence of abuse or addiction. Also, there is no statement within the documentation indicating that she is at high risk for abusing her medications, and a clear rationale was not stated for the medical necessity of 4 urine drug screens. Therefore, the request would not be supported. As such, the request is not medically necessary.