

Case Number:	CM15-0014180		
Date Assigned:	02/02/2015	Date of Injury:	06/16/2010
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/26/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female patient, who sustained an industrial injury on 3/16/10, with subsequent ongoing low back pain. She sustained the injury when she reached to grab a patient that fainted. The current diagnoses include lumbar spine multilevel herniated disc, lumbar spine annular tear and lumbar spine stenosis. Per the PR-2 note dated 12/18/14, she had complaints of constant severe pain to the lumbar spine at 9/10. Physical examination revealed lumbar spine with painful and decreased range of motion and positive straight leg raise and Kemp's test on the left. Per the PR-2 note dated 11/03/14 she had complaints of low back pain with radiation to the left leg with tingling and numbness. The physical examination revealed lumbar spine with decreased range of motion and pain with straight leg raise and Kemp's test on the left. The medications list includes Pantoprazole and topical compound cream. She has had Magnetic resonance imaging lumbar spine dated 1/15/14 which revealed disc bulge with foraminal neural narrowing, severe canal stenosis and bilateral exiting nerve root compromise. her surgical history includes multiple C-section surgeries. She has had Urine drug screen on 5/11/14, 7/28/14, 9/16/14 and 11/3/14 with negative results. On 1/9/15, Utilization Review noncertified a retrospective Urinary Drug Screen (DOS: 11/3/2014) citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urinary Drug Screen (DOS: 11/3/2014): 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 Drug testing, Page(s): 43.

Decision rationale: Request: Retrospective Urinary Drug Screen (DOS: 11/3/2014) Per the CA MTUS guideline cited above, drug testing is: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Per the doctor's note dated 11/03/14 and 12/18/2014 the medications list includes topical creams and pantoprazole. Any evidence that the patient had a history of taking illegal drugs or potent high dose opioids was not specified in the records provided. History of aberrant drug behavior was not specified in the records provided. In addition, patient has had Urine drug screen on 5/11/14, 7/28/14 and 9/16/14 with negative results. Rationale for frequent repeat urine drug screen report was not specified in the records provided. The medical necessity of Retrospective, Urinary Drug Screen (DOS: 11/3/2014) was not established for this patient at that juncture.