

Case Number:	CM15-0014710		
Date Assigned:	02/02/2015	Date of Injury:	07/15/2002
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
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: 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 62-year-old male who reported an injury on 07/15/2002. The mechanism of injury was lifting a lid from a vault. His diagnoses included lumbosacral spondylosis without myelopathy. His surgical history was not included. His medications: ranitidine 75 mg, Restoril 15 mg, Keppra, Soma 350 mg, mirtazapine 30 mg, Norco 10/325 mg, Valium 10 mg, Zantac 150 mg. Please note these medications are listed in the clinical note as previously prescribed medications. The progress report dated 02/02/2015 documented the injured worker had complained of low back pain that he rated at a 6/10. He indicated his pain at its worst was a 6/10, and on average was a 6/10. On physical examination, it was noted there was tenderness in the right and left lumbar paravertebral region at the L4-5 and L5-S1 levels. Tenderness is present in the left sacroiliac joint. Straight leg raise test is positive on the left side at 60 degrees. Faber test is positive. There is a urine drug screen result in the medical record dated 12/08/2014 that indicates positive THC, with a corresponding clinical note indicating counseling of the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen (DOS 12/8/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for Retrospective Urine Drug Screen (DOS 12/8/14) is not medically necessary. The California MTUS guidelines state a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. Chelminski multi-disciplinary pain management program criteria includes criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. There is a lack of documentation regarding monitoring of CURES reports, and having an active drug contract. The guidelines state that positive cannabis result was not considered a serious substance abuse. Therefore, the request for retrospective urine drug screen is not medically necessary.