

Case Number:	CM15-0117291		
Date Assigned:	06/25/2015	Date of Injury:	11/27/2010
Decision Date:	07/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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 60 year old male with an industrial injury dated 11/27/2010. The mechanism of injury is documented as bending down to pull a latch to release and empty a load when he felt a painful pulling sensation in his lower back. His diagnoses included sprain/strain - lumbar, lumbago, intervertebral disc disorder with myelopathy-lumbar region and thoracic/lumbosacral neuritis/radiculitis. Prior treatments included medications and diagnostics. Progress note dated 05/13/2015 notes the injured worker was feeling worse with pain, stiffness and weakness of the lumbar spine. Physical exam noted lumbar spine was tender to palpation with spasms present and decreased range of motion and strength. Electro diagnostic study of bilateral lower extremity dated 04/13/2015 showed lumbar and thoracic paraspinal muscles were without active or chronic denervation potentials to suggest a motor lumbosacral or thoracic radiculopathy. Treatment plan included acupuncture, Naproxen, Flexeril and urine analysis for drug compliance. He continued working regular duties. The requested treatment is for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids.

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 are 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 Urine drug screen is not medically necessary.