

Case Number:	CM15-0121855		
Date Assigned:	07/06/2015	Date of Injury:	06/13/2003
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/24/2015

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: Florida

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:

The injured worker is a 62 year old male, who sustained an industrial injury on 6/13/2003. The injured worker was diagnosed as having lumbago. A history of liver dysfunction was documented. Treatment to date has included diagnostics, lumbar spinal surgery in 2006, therapy, home exercise program, mental health treatment, and medications. The PR2 dated 4/20/2015, noted that the injured worker was without medications for one week and was starting to have withdrawal symptoms, noting that without Norco he could not sleep and had severe anxiety, along with increased pain rating without medication. Currently (5/18/2015), the injured worker complains of chronic lumbar pain, with radiation to his legs, associated with aching and numbness. With Norco his pain was rated 5/10 versus 8-9/10 without. Recent denials of Norco were referenced. His hepatic function in 5/2014 was documented as normal. Current medications included Norco, Antivert, Effexor, and Metformin. His work status was permanent and stationary and he was not working. Urine drug screening was completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. Since this patient has been recommended to be being weaned off narcotics (and since sufficient time has been provided for weaning to be accomplished,) further drug screens are not needed. Likewise, this request for urine drug testing is not considered medically necessary.