

Case Number:	CM15-0177388		
Date Assigned:	09/18/2015	Date of Injury:	01/20/2006
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, 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:

The injured worker is a 45 year old female, who sustained an industrial injury on January 20, 2006. The injured worker was diagnosed as having failed back surgery syndrome, status post two level fusion with instrumentation, probable post surgical arachnoiditis, bilateral meralgia paresthetica, bilateral lower extremity radiculitis and radiculopathy with the right worse than the left, significant muscle spasm to the low back, and opioid induced constipation. Treatment and diagnostic studies to date has included status post multiple back surgeries, status post spinal cord stimulation trial, medication regimen, and injections. In a progress note dated July 20, 2015 the treating physician reports complaints of "severe", aching, stabbing pain along with numbness, burning, and hypersensitivity pain to the bilateral anterior and lateral thighs down to the feet. Examination performed on July 20, 2015 was revealing for bilateral tenderness to the bilateral lateral hips, trochanteric region, and the bilateral sacroiliac joints, decreased range of motion to the lumbar spine, "significant" muscle spasm to the gluteal muscles and piriformis compartment, and decreased sensation to the anterior and lateral thighs. On July 20, 2015, the injured worker's medication regimen included Norco and Gabapentin. On July 20, 2015, the treating physician requested a urine drug screen noting that screen as part of the injured worker's pain management. On August 11, 2015, the Utilization Review denied the request 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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated non-compliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.