

Case Number:	CM15-0065653		
Date Assigned:	04/13/2015	Date of Injury:	06/29/2012
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/07/2015

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, North Carolina
 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 42 year old man sustained an industrial injury on 6/29/2012. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 11/10/2014. Diagnoses include lumbosacral disc herniation with left side radiculopathy. Treatment has included oral medications, physical therapy, chiropractic manipulation, epidural steroid injections, acupuncture, trigger point injections, and shockwave therapy. Physician notes on a PR-2 dated 11/12/2014 show complaints of stabbing back pain. Recommendations include surgical intervention, urine drug screen, Norco, Flexeril, radiofrequency ablation, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Retrospective UDS (DOS 2-4-15) Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

Decision rationale: This is a retrospective request for a urine drug screen in a patient on continuing opioid therapy. Urine drug screens are indicated when beginning a higher dose of a controlled medication, if evidence of aberrant or high risk behavior is observed, or for periodic monitoring. This patient appears to be a low risk individual, thus the recommendation is for urine drug screening within 6 months of initiation of opioid therapy and yearly thereafter. This patient had a urine drug screen within 90 days and had no aberrant or high risk behavior noted in the medical records. Thus repeated testing is not medically necessary at this time.