

Case Number:	CM15-0074623		
Date Assigned:	04/24/2015	Date of Injury:	08/15/2013
Decision Date:	05/21/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/20/2015

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 58 year old male, who sustained an industrial injury on 08/15/2013. He reported that sharp pain occurred in the middle of his back and his legs gave out and he fell to the ground. The injured worker was diagnosed as having lumbar disc herniation. Treatment to date has included MRI, physical therapy and medications. According to a progress report dated 03/11/2015, the injured worker complained of back pain, neck pain with popping, catching in the neck, spasm of the neck, severe right shoulder pain with limitation in range of motion, popping and catching of the shoulder, thoracic pain and pain in both wrists. The provider noted that a urine sample was taken to document the appropriate use of medications per ACOEM guidelines, to monitor compliance with prescribed medication and the appropriate use of medications. Current medications included Norco and Zanaflex. Diagnoses included lumbar discogenic disease at L4-L5 and L5-S1 documented by MRI findings with compression of left L4 nerve root, cervical discogenic disease, thoracic disk complaint, bilateral carpal tunnel disease and right shoulder rotator cuff tear versus SLAP (Superior Labrum Anterior and Posterior) tear. The provider noted that the injured worker was doing well with the increasing medication with Gabapentin and he was to continue to take Tizanidine and the narcotic at night time. A urine toxicology report dated 08/26/2014, 12/02/2014, 12/30/2014 and 01/28/2015 was submitted for review and was consistent with prescribed medications. A urine toxicology report dated 09/24/2014 and 11/04/2014 was submitted for review and positive for Hydrocodone, Hydromorphone and Norhydrocodone and was noted as not expected based on prescribed

medications. A request for authorization dated 03/11/2015 requesting a urine analysis was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Analysis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and urine toxicology Page(s): 82-92.

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. In this case, there were mixed results in the past year regarding consistency of medications taken and detected in the urine results. As a result, the routine monitoring of urine for medication use and compliance is appropriate and medically necessary.