Case Number:	CM15-0075282		
Date Assigned:	04/27/2015	Date of Injury:	04/18/2011
Decision Date:	07/13/2015	UR Denial Date:	03/12/2015
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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on 4/18/2011, as a result of cumulative trauma, while working as a home care provider. The injured worker was diagnosed as having lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculopathy of the lower extremities, scaroiliitis of the right sacroiliac joint, and depression. Treatment to date has included diagnostics, anterior lumbar interbody fusion surgery of L3 through S1 (2011), physical therapy, acupuncture, and medications. On 2/19/2015, the injured worker complains of low back pain, associated with muscle spasm and progressive limited range of motion to the lumbar spine. She reported pain in both legs, associated with numbness, tingling, and weakness. She also reported difficulty with sexual activities due to lumbar spasms. Pain was rated 8/10 most of the time, with flare-ups rated 9/10. She reported difficulty with sleep without the aid of sleeping medications. Exam noted lumbar paraspinal muscle spasms on deep palpation. Deep palpation over L3-S1 reproduced pain radiating to the corresponding dermatomes in both legs. Gaenslen, Fabre, and sacroiliac joint thrust tests were positive. She reported having little improvement going to physical therapy and acupuncture, and having to take more medication due to the severity of pain. Her current medications were documented as Prilosec, Flector, and Lidoderm. A progress report, dated 2/10/2015, noted the use of Colace, Percocet, Neurontin, and Terocin lotion. Drug screening was noted, collected 2/19/2015, with report date 3/02/2015. Prior drug screening collected 9/16/2014, documented inconsistent results, although reported medications were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro multiple class drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multiple class drug screen.

Decision rationale: Guidelines recommend drug screening to assist in monitoring adherence to a prescription drug treatment regimen, to diagnose substance misuse, and to diagnose addiction related behavior. In this case, there is no documentation of provider concerns over the patient's use of illicit drugs or noncompliance with prescription medications. The request for multiple class drug screen is not medically appropriate and necessary.