

Case Number:	CM15-0097220		
Date Assigned:	05/27/2015	Date of Injury:	12/11/2013
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male who sustained an industrial injury on December 11, 2013. He has reported injury to the cervical spine, lumbar spine, left knee, and right foot and has been diagnosed with cervical disc protrusion, cervical myospasms, cervical pain, cervical radiculopathy, cervical sprain/strain, lumbar degenerative disc disease, lumbar disc protrusion, lumbar myospasms, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, left knee medial meniscus tear, left knee pain, left knee sprain/strain, right foot pain, right ankle foot difficulty walking, and plantar fasciitis. Treatment has included medications, rest, and physical therapy. Cervical spine noted decreased range of motion. There was tenderness to palpation of the cervical paravertebral muscles and muscle spasms. Lumbar spine range of motion was within limits. There was tenderness to palpation of the lumbar paravertebral muscles and muscle spasms. There was tenderness to palpation of the anterior knee, lateral knee, and medial knee. The treatment request included follow up with the physician and urine screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Screen is not medically necessary and appropriate.