

Case Number:	CM13-0008980		
Date Assigned:	12/27/2013	Date of Injury:	02/23/2012
Decision Date:	02/26/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; lumbar MRI imaging of April 17, 2012, notable for a large 13 mm disk extrusion at L5-S1; epidural steroid injection therapy; adjuvant medications; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of July 9, 2013, the claims administrator denied a request for an epidural steroid injection, denied a request for a urine drug screen, and approved prescriptions for Lyrica, Motrin, and tramadol. The applicant's attorney subsequently appealed. A progress note of August 19, 2013 is notable for comments that the applicant has not resumed any work activities. He is presently on Lyrica, tramadol, and Motrin, it is further stated. Physical therapy and repeat epidural steroid injection therapy are sought while the applicant remains off of work, on total temporary disability. Also reviewed in the earlier July 11, 2013 progress note, in which the applicant was again asked to pursue a repeat epidural steroid injection. He had difficulty with heel and toe walking, reports ongoing radicular complaints, and was on Lyrica, Motrin, and Tramadol for pain relief. He was again placed off of work, on total temporary disability, on that date. The attending provider posited that the applicant did in fact achieve the requisite pain relief with prior epidural steroid injection therapy. The applicant's ability to do home exercises was diminished. The applicant was more reliant on pain medications, it was further noted.

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 Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4.

Decision rationale: While Page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does report intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for a frequency with which to perform urine drug testing. In this case, the ODG Chronic Pain, chapter urine drug testing topic, does state that the attending provider should furnish an applicant's complete medication profile and list of those drug tests and/or drug panels which he is testing for alongside the request for authorization. In this case, however, the attending provider did not furnish the applicant's complete medication list and/or medication profile alongside the request for authorization. The attending provider did furnish the applicant's complete medication list along with the request for authorization, but did not clearly identify those drug tests and/or drug panels which he was testing for, nor did he state when the applicant was last tested. Therefore, the original utilization review decision is upheld. The request remains non-certified, on Independent Medical Review.