MAXIMUS Federal Services

Case Number:	CM13-0010870		
Date Assigned:	03/26/2014	Date of Injury:	11/10/2008
Decision Date:	05/07/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/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 injured worker is a 46-year-old male who sustained a work-related injury from 1/1/07 through 9/3/08. While lifting and loading a sub-straight into a printing press, his lower back trauma occurred, which the injured worker described as a tearing pain followed by a burning sensation to the left leg. The injured worker underwent a short course of physical therapy, and was provided with medications. He also received injections to the lumbar spine on 8/9/10 and underwent surgery due to his accident. The procedures included two lumbar epidural steroid injections in 9/8/08, facet injections in September 2009, and a lumbar rhizotomy performed in April 2010. The injured worker has been utilizing Norco 10/325mg and naproxen to help relieve his pain and discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

A URINE DRUG SCREEN (DATE OF SERVICE: 7/5/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,78,89.

Decision rationale: The California MTUS Guidelines recommend drug testing not only for checking for the presence of illegal drugs, but also for measuring compliance and medication efficacy while injured workers are utilizing narcotics. Because the injured worker has been using opioid medications for several months, undergoing routine or random urine drug screens is appropriate. One of the injured worker's urine drug screens performed on 5/24/13 indicated that the injured worker was positive for 7 out of 12 variants, and was genetically higher at risk for narcotic tolerance or dependence. The clinician was recommended to explore reduction of narcotic usage and alternate analgesia medications. It was also noted that the clinician should more closely monitor the injured worker's narcotic usage through urine drug testing. A subsequent urine drug screen was performed on 6/28/13 whereupon it was noted the injured worker had a drug metabolism report card with 2 GPAs of B, which noted the injured worker had a broad/normal defined as two active forms of the gene producing the drug-metabolizing enzyme, resulting in normal drug metabolism. It was also noted that the injured worker is polypharmacy and not responding to current therapy that is metabolized through the cytochrome P450 system. Subsequently, the injured worker underwent another urine drug screen the following month, which noted, under the final result summary that none were detected, with the analytes tested detected. However, with the injured worker's previous urine drug screens indicating the injured worker was not only polypharmacy, but also had indications that the injured worker was at high risk for narcotic tolerance and dependence, the urine drug screen performed on 6/28/13 with the reported date of 7/5/13 would be considered medically appropriate in monitoring the injured worker for compliance, tolerance, and dependence or addiction tendencies. As such, the request is certified.