

Case Number:	CM13-0016517		
Date Assigned:	11/06/2013	Date of Injury:	07/20/2010
Decision Date:	01/17/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 patient is a 50-year-old female who reported an injury on 07/20/2010, and had a previous injury dated 04/03/2000. As of 07/18/2013, the patient had been diagnosed as having lumbar radiculitis secondary to status post L3-S1 fusion. The patient has continued to have reports of pain in her low back, with radiating pain to her left calf, to include tingling and numbness in her feet. According to the documentation dated 09/24/2013, the patient was noted as having weakness in her right arm, and was taking oral medications to include Norco; however, the patient was reportedly not receiving any relief with the use of this medication. Currently, the patient has been diagnosed as having status post posterior instrumented L4-S1 fusion, neck pain with MRI scan evidence of a 3 to 4 mm disc bulge at C5 and C6, right hip sprain, left hip sprain, left knee sprain, right ankle sprain, left ankle sprain, and the patient has been on temporary disability for at least 6 weeks from the date of the 09/24/2013 report. As noted throughout the documentation provided for review, the patient has been utilizing several different oral medications to reduce her pain, including opioids such as Flexeril, Prevacid, and Norco. The physician's request is for a retrospective urine drug screen and random quarterly urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen and random quarterly urine drug screen: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section and Opioids Section Page(s): 43, 74-96.

Decision rationale: According to the California MTUS Guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Furthermore, under the opioid headline, in the issues of poor pain control, drug screening is utilized in order to establish whether or not the patient is using the drug properly or if further measures need to be taken to help redirect the patient in a better treatment process. Lastly, California MTUS Guidelines state that detection of substance abuse, pertaining to either the prescribed medications or illegal drugs, can be obtained through random drug screenings. As noted in the documentation dated 07/23/2013, the patient was given a urine drug screen, which detected both hydrocodone and hydromorphone, which were listed as being "not expected with the prescribed medications". Therefore, with the patient's previous urine drug screen showing inconsistencies with her prescribed medications, a random drug screening as well as the retrospective drug testing would be considered appropriate in this case. As such, the requested service is considered medically appropriate and is certified.