

Case Number:	CM13-0024738		
Date Assigned:	11/01/2013	Date of Injury:	05/27/1999
Decision Date:	03/12/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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 Pain Management, has a subspecialty Certificate in Disability Evaluation and is licensed to practice in California, Maryland, Florida, and District of Columbia. 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:

This patient has been evaluated/treated for chronic low back pain following an injury at work in 1999. She is s/p L5-S1 anterior/posterior fusion in 2001 followed by hardware removal in 2003. The patient c/o ongoing back/buttock pain with radiation to the LS region and numbness and tingling in the left toe. On 3/26/13, symptoms were ongoing noting that "She does better with pain management but it never cures the problem". The patient was reportedly "able to tolerate the pain through her own exercises and avoidance of stressful behaviors. [REDACTED] evaluated the patient on 8/5/13, noting that this was a first visit. The history was briefly reviewed as outlined above. The patient c/o ongoing low back pain primarily in the lower lumbar spine with radiation to the left buttock/thigh/calf/loot described as constant/moderate/throbbing/aching. There was also numbness in the left foot and weakness of the left lower leg and left Foot. Pain was worse with walking/standing/sitting. She was reportedly taking Vicodin tor pain which provided her with pain relief w/o side effects. Prior Cymbata, Lyrica, Neurontin, Lidoderm, Pamelor, and lumbar cortisone injections were without much benefit There Is the comment "Current treatment includes Vicodin. She considers this treatment moderately effective and feels it is providing adequate control. She is experiencing side effects including constipation'. Current medications included Amitiza 24 mcg bid and Vicodin 5/300 bid, and Motrin BOO bid. Examination was remarkable lor left lumbar paraspinal tenderness, normal sensation, no motor/reflex abnormality, limited active ROM,+ SLA left and- SLR right. [REDACTED] 3/26/13 report was reviewed, noting the recommendation lor medication management. The use of opiates to treat non-malignant pain was discussed, suggesting that "the judicious use of opiates is reasonable here-. The parameters for use of opioids prescribed by him were also reviewed. He commented that "At this point, she has no "red flags with her chronic opioids use. A urine tox

screen is reviewed today and a report from the State's prescription monitoring program is reviewed and both are acceptable'. He opined that the patient might be a candidate for neuro-augmentation in the future. The diagnosis included post-laminectomy syndrome, radicular syndrome lower limbs, and "patient visit for long term (current) drug use". A UDT was reportedly ordered on that date. He prescribed Vicodin 5/300 bid #30 and Amitiza 24 meg bid #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine drug test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): TWC-Pain (Chronic) (Updated 11/14/2013) Urine drug testing (UDT).

Decision rationale: A comprehensive urine drug test is not medically reasonable/necessary given the negative results for everything except opiates. If a comprehensive lab drug screen were to be performed whether the onsite results were positive or negative, then the onsite test would clearly not be medically reasonable/necessary since lab testing would be ordered in any event. However, a urine drug test to confirm the inconsistent negative result for opiates is not medically reasonable/appropriate. "Urine tox screen results" dated 8/5/13 was negative for all 11 substances, including Opiates and Oxycodone. Furthermore, there is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. Based on the currently available information, the medical necessity for this drug screening has not been established, and therefore, the request is not medically necessary.

Vicodin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): TWC-Pain (Chronic) (Updated 1/7/14)-Opioids for chronic pain.

Decision rationale: The patient is reported to be taking Vicodin 5/500 bid, but the on-site urine toxicology screen performed on that date was negative for opiates. The negative urine Toxicology result is a "red flag", further prescriptions for the opiate analgesic Vicodin Is not considered medically reasonable/appropriate or consistent with the applicable guidelines as outlined below

