

Case Number:	CM13-0034716		
Date Assigned:	12/11/2013	Date of Injury:	01/07/1999
Decision Date:	11/05/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 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 patient is a 49-year-old male with date of injury of 01/07/1999. The listed diagnoses per [REDACTED] from 08/30/2013 are: Thoracic spine sprain/strain, Chronic severe low back pain, Status post L4-L5 and L5-S1 lumbar laminectomy from 03/30/2001 followed by anterior/posterior fusion from December 2004, Lumbar radiculopathy, L5 radiculopathy through diagnostic tests on 11/16/1999, Status post implant and subsequent explant of Intrathecal pump from 2010, Status post implant and subsequent explant of spinal cord stimulator in 2011. According to this report, the patient remains symptomatic in regard to pain over the cervical thoracic and lumbar spine. He complains of inadequate sleep because of increased pain. The patient also describes this pain as stabbing in the lower back and lower extremities. The examination showed that the patient has moderate bilateral thoracic paraspinous tenderness with a 1+ palpable muscle spasm present. He has 2 spinal cord stimulator leads in place in his lumbar spine, and he does have a rash at the site of the bandage and adhesive tape. There is no evidence of infection. Straight leg raise is positive at 45 degrees bilaterally. Muscle testing is 5/5. Sensory exam reveals hypesthesia bilaterally in the L5 dermatomes. Patellar reflexes are 2+ and symmetrical bilaterally. Achilles reflex, trace on left and 1+ on right. The utilization review denied the request on 09/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANDOM URINE DRUG SCREEN 4 TIMES PER YEAR (ONCE PER QUARTER):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with cervical, thoracic, and lumbar spine pain. The provider is requesting a random urine drug screen 4 times per year (1 per quarter). The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various risk opiate users. However, ODG Guidelines provide a clear recommendation. The patient's current list of medications includes Dilaudid, Soma, Xanax, and Ambien. His previous medications also include MSContin, OxyContin, and Roxicodone. The records show 2 urine drug screens from 08/30/2013 and 12/16/2013, showing inconsistent results to prescribed medications. The provider does not discuss these inconsistent results in any of the report provided. The provider does not provide opiate risk assessment for this patient to determine how often these UDS are to be obtained. For low-risk patients once yearly, and for moderate risk 2 to 3 times per year, urine drug screens are recommended. In this case, there is no risk assessment, and the provider does not address the inconsistent results. Therefore, this request is not medically necessary.