

Case Number:	CM13-0038479		
Date Assigned:	12/18/2013	Date of Injury:	11/14/2007
Decision Date:	02/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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:

Claimant is a 60 year old female with date of injury 11/14/2007. Progress note dated 11/11/2013 reports that the claimant complains of increased pain in her low back rated at 7/10. She has had two epidural steroid injections, and before these injections her pain was 9/10. Her pain has increased from 6/10 following the second injection. Exam showed that range of motion of the lumbar spine was flexion 50 degrees, extension 10 degrees, right and left lateral bending 30 degrees with tenderness to palpation over paraspinal musculature with paraspinal spasms noted. She has been diagnosed with herniated lumbar disc, status post lumbar epidural steroid injection (LESI) x2 with good relief. Treatment plan includes LESI with epidurogram, chiropractic therapy 2x per week for six weeks, and medications: Prilosec 20 mg twice daily for gastritis secondary to NSAID intake and Norco 10/325 mg every 4-6 hours as needed, topical creams. Claimant is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a Chromatography DOS: 7/11/13 and 3/6/13): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section Page(s): 43, 78, 94.

Decision rationale: Chromatography is used in urine drug testing as a qualitative test to identify which compounds are above threshold levels. The compounds that test positive are then analyzed quantitatively. These analytical methods are used together in urine drug testing. A review of the denial letter dated 10/21/2013 reports that the claimant has been prescribed with narcotic medication, Norco 10/325 mg every 4-6 hours as needed. She has been taking this medication for a long time. The medication lowers her pain to 3-4/10 from 7-8/10. The request for the urine drug screen is to verify compliance and that the drug level is safe. Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009), drug testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction..." Recommend the "use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control..." Recommend "frequent random urine toxicology screens" to avoid misuse/addiction. Although there are no abuse behaviors documented by the claimant, the use of urine drug screening to verify compliance with medications and to assess for abuse behaviors is supported by these guidelines. The request for urine drug screening is determined to be medically necessary.

Retrospective request for a quantitative urine drug screen for DOS: 7/11/13 and 3/6/13:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section Page(s): 43, 78, 94.

Decision rationale: A Review of denial letter dated 10/21/2013 reports that the claimant has been prescribed with narcotic medication, Norco 10/325 mg every 4-6 hours as needed. She has been taking this medication for a long time. The medication lowers her pain to 3-4/10 from 7-8/10. The request for the urine drug screen is to verify compliance and that the drug level is safe. Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009), drug testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction..." Recommend the "use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control..." Recommend "frequent random urine toxicology screens" to avoid misuse/addiction. Although there are no abuse behaviors documented by the claimant, the use of urine drug screening to verify compliance with medications and to assess for abuse behaviors is supported by these guidelines. The request for urine drug screening is determined to be medically necessary.

