

Case Number:	CM13-0061130		
Date Assigned:	12/30/2013	Date of Injury:	01/22/2001
Decision Date:	06/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

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 Internal 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 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 an employee of [REDACTED] and has submitted a claim for lumbar and cervical post-laminectomy syndrome associated with an industrial injury date of 1/22/01. Treatment to date has included fusion of the cervical area in 2001, fusion of the back in 2002, placement of a spinal cord stimulator, epidural steroid injection, and medications, including fentanyl patches, methadone, Neurontin, Amitiza, docuprene, and Fioricet. Medical records from 2010-2013 were reviewed, showing that the patient has been complaining of chronic neck and low back pain rated at 10/10, and decreased to 7/10 with medications. It was described as aching and stabbing with paresthesia radiating to the bilateral feet. Pain was aggravated by prolonged activity, sitting, and standing, while alleviating factors included lying down. The patient was able to perform housework and drive with his current medication regimen. He denied any drug abuse or diversion of medications. Physical examination showed tenderness and muscle spasm at the paracervical muscles including the trapezius, and paralumbar muscles at L3-L5. Range of motion of cervical spine was limited to 0 degrees at extension, flexion at 40 degrees, bilateral lateral bending at 20 degrees, and rotation at 20 degrees. Lumbar range of motion was likewise limited towards flexion at 30 degrees, extension at 0 degree, bilateral lateral bending at 10 degrees, and rotation at 10 degrees. Pain was present upon lumbar extension. Gait was described as antalgic. Motor strength was 5/5 at all extremities. Deep tendon ankle reflexes were decreased bilaterally. There was decreased sensation to pin-prick along the lateral legs and feet bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE PANEL URINE DRUG SCREENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The routine use of urine drug screening for patients on chronic opioids is recommended, as there is evidence that it can identify aberrant opioid use. It is indicated for all patients on chronic opioid use for chronic pain. Screening is recommended randomly at least twice and up to four times a year. In this case, the earliest progress report documenting opioid use for this patient was from 2010. The patient has been on regular urine drug screen since 2010, occurring 3-4 times per year as per the medical records submitted. The most recent test was performed on 11/4/13, showing positive drug results in concordance to the prescribed medications. There is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use. Therefore, the request is not medically necessary.