

Case Number:	CM13-0069102		
Date Assigned:	01/03/2014	Date of Injury:	07/14/2011
Decision Date:	05/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 25-year-old male with date of injury of 07/14/2011. The listed diagnoses per the provider dated 11/22/2013 are: thoracolumbar neuritis or radiculitis, not otherwise specified, and lumbar sprain. According to the progress report, the patient continues to have worsening low back pain with radiation to the left leg. He is currently taking gabapentin, which helps with the nerve pain. However, he continues to have gastritis with non-steroidal anti-inflammatory drugs (NSAIDs) even with Prilosec use. The examination shows there is improved tenderness and spasms of the L3-L5 paraspinous muscles. The lumbar spine shows decreased range of motion. Deep tendon reflexes are decreased in the bilateral lower extremities. L4-L5 dermatome has decreased sensation to light touch in the bilateral lower extremities, left greater than the right. The utilization review denied the request on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PANEL LAB 82145, 82205, 80154, 80299X5, 82542X5, 83805, 82520, 82541, 83840, 83926, 80102, 82491: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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

Decision rationale: This patient presents with chronic low back pain with radiating symptoms to the left leg. The treating provider is requesting a 12-panel lab test. The MTUS Guidelines does not specifically address how frequent urine drug screens should be obtained for various risk opiate users. The Official Disability Guidelines (ODG) provides clear recommendations. For low risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The patient currently takes Prilosec, gabapentin, Daypro, Neurontin, and Tramadol extended release (ER). Review of the reports show that the patient had three urine drug screens in 2013 on 02/04/2013, 04/30/2013, 05/31/2013. The treating provider current request would be the 4th urine drug screen for 2013. The patient is not described as a high-risk opiate user and it is not known why such frequent urine toxicology is being obtained. The recommendation is for denial.