

Case Number:	CM14-0008740		
Date Assigned:	02/12/2014	Date of Injury:	06/23/1997
Decision Date:	08/01/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 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 41-year-old female who has submitted a claim for failed back surgery with lumbar fusion at L5-S1, and myofascial pain; associated with an industrial injury date of 06/23/1997. Medical records from 2013 to 2014 were reviewed and showed that patient complained of persistent low back pain, aggravated by activities of daily living. Physical examination showed tenderness of the bilateral lumbosacral musculature with bilateral myospasms. Range of motion is limited. MRI of the lumbar spine, dated 11/16/2013, showed postsurgical changes from a posterior spinal fusion and solid lumbar interbody fusion, with bilateral laminectomy and facetectomy defects at the L5-S1 level, mild narrowing of the bilateral lateral recesses at the level of L3-L4, thickening of the ligamentum flavum, mild hypertrophy of the facet joints, minimal levoscoliosis, and severe fatty atrophy of the paraspinal muscles in the lumbosacral region. Treatment to date has included medications, chiropractic therapy, and lumbar fusion (March 2001). Utilization review, dated 01/02/2014, denied the request for quarterly random drug screening because the patient is recommended for weaning from opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANDOM QUARTERLY DRUG SCREENS (TIMES 4): Upheld

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 Opioids, Steps to Avoid Misuse and Addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. Urine drug tests have been performed on 11/02/2012, 04/26/2013, 07/19/2013, 11/08/2013, and 12/06/2013, which were consistent with prescribed opioids. However, the frequency of the UDS thus far exceeds the recommended amount of urine drug tests given that the patient is low risk for drug abuse. Therefore, the RANDOM QUARTERLY DRUG SCREENS (TIMES 4) is not medically necessary.