MAXIMUS Federal Services

Case Number:	CM14-0105450		
Date Assigned:	07/30/2014	Date of Injury:	05/15/2003
Decision Date:	09/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 60-year-old female who reported injury on 05/15/2003 caused by an unspecified mechanism. The injured worker's treatment history included medications, physical therapy sessions, and cognitive behavioral therapy and MRI studies. The injured worker was evaluated on 05/27/2014 and it was documented that the injured worker had improvement in pain and activities of daily living (ADL), increased ability to participate in light exercise and stretching, and improvement overall in her quality of life. It was documented that she had satisfactory pain control with current medication regimen. Objective findings revealed tenderness at the lumbar spine from L1-5, tenderness of the bilateral paralumbar musculature, decreased lumbar spine range of motion, and a positive right straight leg raise. It was noted that the injured worker had failed Gabapentin, Cymbalta, Amitriptyline, Trazodone, and Paxil. Diagnoses included lumbosacral spondylosis with discogenic pain at L4-5 and L5-S1 per a discogram performed on 07/25/2011, lumbar facet arthropathy, and lumbar radiculopathy to the left lower extremity, headaches, and depression secondary to chronic pain. On 08/21/2014, it was documented that the provider was appealing the non-certification of Norco. In the documentation submitted, the provider noted, with medication the injured worker's pain level was reduced to 3/10 to 4/10 and without medication her pain level was 9/10. She has functional gain due to the use of Norco for nociceptive axial back pain. The injured worker also notes improvement ability to walk for longer distances and states she was attempting daily walking as a part of her exercise regimen. The provider noted the injured worker has exhausted and failed conservative care treatments. She has utilized non-steroidal anti-inflammatory drugs (NSAIDs) although it was not adequately reducing her pain. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four urine drug screens per year: Upheld

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

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

Decision rationale: The request for the urine screening is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence& addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The provider indicated the urine drug screen was for medication compliance; however, there was no indication how long the injured worker has been on opioids. The provider indicated the injured worker has failed previous conservative care measures; however, the outcome measurements were not submitted for this review. Additionally, the guidelines recommend urine drug testing twice yearly, for patients utilizing opioid medication. Given the above, the request for four urine drug screens per year is not medically necessary.