MAXIMUS Federal Services

Case Number:	CM14-0010946		
Date Assigned:	02/21/2014	Date of Injury:	08/21/2009
Decision Date:	08/06/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 a 56-year-old female who has submitted a claim for lumbar degenerative disc disease, left L5 and S1 radiculopathy and left L5 radiculopathy by an electromyography (EMG), and bilateral impingement; associated with an industrial injury date of 08/21/2009.The medical records from 2012 to 2014 were reviewed and showed that the patient complained of chronic low back pain radiating to the bilateral lower extremities, accompanied by burning and electrical shooting sensations, as well as numbness and tingling sensation. The physical examination showed tenderness over the bilateral paraspinous area, and L4-L5 and L5-S1 facet joints. The straight leg raise test was negative bilaterally. The deep tendon reflexes (DTRs) were decreased in the left knee and ankle. Motor testing showed weakness of the peroneus longus/brevis, and the left and right hallucis longus. Hypesthesia is noted in the left lower extremity in the L4, L5, and S1 dermatomes. The treatment to date has included medications, acupuncture, and epidural steroid injection. The utilization review dated 01/10/2014, modified the request for urine drug screening once each quarter (4 times a year) to two (2) times a year for one (1) year, because the most recent urine drug screening was consistent with current medications, and the were no changes in medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening once each quarter (four (4) times a year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary, last updated 10/14/2013, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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: The Chronic Pain Medical Treatment Guidelines indicate that 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. The patients at 'low risk' of addiction/aberrant behavior should be tested within six (6) months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. Urine drug tests have been performed on 10/16/2012, 02/11/2013, and 08/20/2013, which were consistent with prescribed medications. However, the tests performed exceed the recommended amount of urine drug tests given that the patient is low risk for drug abuse. Therefore, the request is not medically necessary.