

Case Number:	CM14-0011430		
Date Assigned:	06/11/2014	Date of Injury:	01/29/2004
Decision Date:	08/05/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 52-year-old male who reported an injury 01/29/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 05/29/2014 indicated low back pain with bilateral lower extremity radicular symptoms, left greater than right, history of L4-S1 instrumented fusion and revision, L3-L4 fusion, L3-L4, L4-L5 MM left disc protrusion with moderate to severe facet hypertrophy, left L4 radiculopathy and chronic right S1 nerve root dysfunction by EMG, status post bilateral L3-L4 radiofrequency neurotomy dated 12/20/2010, depression related to chronic pain and disability from diagnoses 1-5 and history of illicit drug use with current treatment at [REDACTED]. The injured worker reported he continued to participate in the [REDACTED]. The injured worker also reported that his parole officer performed his urine drug screen every 2 weeks. The injured worker reported that he had not utilized any illicit drugs and had only utilized medication prescribed to him including Percocet, which he found beneficial and reduced his pain and allowed him to function. The injured worker reported low back pain and left lower extremity pain described as burning electrical numbing pain with tingling and weakness in the left leg. The injured worker also reported gradual increase of neck pain over the last 3-4 months. The injured worker rated his pain level at 3 out of 10 with the use of medication. Without medication, he rated his pain level a 8 out of 10. The injured worker reported 50-60% improvement in symptoms with the use of Percocet and he reported that he was able to ambulate longer distances and perform activities of daily living which included cleaning, cooking, grocery shopping, etc, with the use of medication. The injured worker showed no evidence of drug seeking behavior, was utilizing his medications appropriately, had signed an opioid contract and remained compliant with those terms. Physical examination of the lumbar spine, the injured worker had decreased range of

motion. The injured worker's prior treatments included diagnostic imaging surgery and medication management. The injured worker's medication regimen included Percocet. The provider submitted request for 4 random urine drug screens, 1 each quarter. A request for authorization dated 01/09/2014, however a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 RANDOM URINE DRUG SCREENS ONE EACH QUARTER: Overturned

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

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

Decision rationale: The request for 4 random urine drug screens one each quarter is medically necessary. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The Official Disability Guidelines (ODG) states patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The injured worker had a positive urine test result and toxicology report for methamphetamines dated 01/27/2014 that was not consistent with the injured worker's prescribed medication. In addition, the injured worker is currently being treated for a history of a illicit drug use with current treatments which is a substance abuse treatment program. The injured worker would benefit from random urine drug screenings to ensure compliance. Therefore, the request for 4 random urine drug screens is medically necessary.