

Case Number:	CM14-0016718		
Date Assigned:	04/11/2014	Date of Injury:	07/18/2012
Decision Date:	05/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 Physician 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 37-year-old male who reported an injury on 07/08/2012. The mechanism of injury was not provided. Current diagnoses include lumbar spondylolisthesis, posterolateral disc extrusion at L4-5, and status post hemilaminectomy at L4-S1. The injured worker was evaluated on 01/09/2014. The injured worker reported persistent lower back pain with radiation to the right hip. Physical examination revealed limited lumbar range of motion and tenderness to palpation. Treatment recommendations included continuation of current medication including Anexsia 7.5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS FOR DRUG TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SECTION PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation CHRONIC PAIN CHAPTER, URINE DRUG TESTING.

Decision rationale: The California MTUS Guidelines indicate that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The

Official Disability Guidelines indicate that the frequency of urine drug testing should be based on documented evidence of risk stratification. According to the documentation submitted, there is no indication of non-compliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, repeat testing cannot be determined as medically appropriate. As such, the request is non-certified.

RETROSPECTIVE- ANEXSIA, 7.5/325MG 1-2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN (MAX 5/ DAY), #60 (DISPENSED 1-9-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS Page(s): 74-82.

Decision rationale: The California MTUS Guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation submitted, the injured worker has utilized Anexsia since 08/2013. The injured worker continues to report lower back pain with stiffness, weakness, and numbness. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. Therefore, the request is non-certified.