

Case Number:	CM14-0017432		
Date Assigned:	06/11/2014	Date of Injury:	10/06/2008
Decision Date:	07/14/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 41-year-old injured on October 6, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 10, 2014, indicates that there are ongoing complaints of low back pain with left greater than right radicular symptoms as well as bilateral hip pain. Previous treatment includes radiofrequency ablation at the L4 and L5 levels on May 19, 2014, with relief of lower back pain and radicular pain, as well as physical therapy, and epidural steroid injections. Current medications include Norco. The physical examination demonstrated tenderness over the right-sided and left-sided lumbar facets the lumbar paravertebral muscles and the left lumbosacral and buttocks region. There was a positive left sided straight leg raise and diminished sensation in the left L5 nerve distribution. Diagnostic imaging studies objectified a 5 to 6 mm disc protrusion at the L4 - L5 level, and nerve conduction studies showed a chronic bilateral S-1 radiculopathy. There is a diagnosis of lumbosacral spondylosis, lumbosacral radiculitis, lumbar inter-vertebral disc displacement, lumbar disc degeneration, muscle spasm, lumbar post laminectomy syndrome, lumbago, and depressive disorder. Norco and Tizanidine were prescribed and a urine drug screen was requested. A request had been made for a urine drug screen and was not recommended in the pre-authorization process on February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOXICOLOGY-URINE DRUG SCREEN (12/18/2013): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation ODG Guidelines, chronic pain chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Opioids, Criteria for Use Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing, Updated June 10, 2014.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specifically state that urine drug screen should be performed to assess the presence of illegal drugs. However the Official Disability Guidelines (ODG) also recommend urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. According to the medical records provided it was the intention of the prescriber to perform a urine drug screen since the injured employee was on chronic opioid therapy. This rationale would comply with The Official Disability Guidelines (ODG) recommendation to monitor compliance. For this reason this request for urine drug screen is medically reasonable and necessary.