

Case Number:	CM14-0122708		
Date Assigned:	08/06/2014	Date of Injury:	02/27/2014
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 Maryland. 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 employee was a 45-year-old female who was being treated for back pain and radiculopathy sustained as a result of an industrial injury on 02/27/14. The mechanism of injury was a bench collapsing while she was sitting on it, in addition to a 210-pound coworker falling on her leg. Comprehensive pain management consultation dated 06/30/14 was reviewed. Subjective complaints included constant pain in the back, radiating to the sides. She also had pain in the feet, knees, wrists and pain down to the thigh. The current medications included Naproxen, Soma, Norco, Paxil and Flexeril. On examination, there was tenderness over the paraspinal muscles of thoracic and lumbar spine. Lumbar spine range of motion was restricted. There was decreased sensation over the L5 dermatomal distributions bilaterally. There was decreased motor strength in big toe extensors and foot invertors. The diagnoses included lumbar spine discopathy, lumbar spine radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. Magnetic resonance imaging (MRI) of the lumbar spine dated 04/04/14 revealed mild bilateral foraminal stenosis and mild bilateral lateral recess stenosis without central canal stenosis or nerve root compression secondary to a 7 mm broad-based disc herniation. There was also 3 mm disc protrusion noted at L4-L5. The electrodiagnostic study from April 2014, revealed a bilateral active L5 denervation. The provider recommended bilateral L5-S1 transforaminal epidural steroid injection and urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Overturned

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 6/10/14), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The employee was injured in February 2014. She was on Norco or Vicodin for at least a few months. She was initially being seen by orthopedic consultant and had an initial comprehensive evaluation by Pain management consultant in June 2014. She had a urine drug screen in May 2014, which was negative. The MTUS guidelines recommend obtaining drug tests intermittently while on Opioids. However, the MTUS does not address the frequency with which testing should be done. The ACOEM guidelines recommend urine drug screenings up to 4 times a year while on Opioids as well as "for cause" like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. In this case, the employee was being evaluated by pain management consultant and a urine drug screening was ordered. One previous urine drug screen done in May 2014 was not consistent with Norco intake. Given the transfer of care to a Pain Management consultant and given the inconsistent result in prior urine drug testing, it is appropriate to do a follow-up urine drug screening. The request for urine drug testing is medically necessary and appropriate.