MAXIMUS Federal Services

Case Number:	CM14-0130349		
Date Assigned:	08/20/2014	Date of Injury:	04/05/2013
Decision Date:	09/19/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/15/2014

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 Interventional Spine 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 27-year-old male with date of injury of 04/05/2013. The listed diagnoses per [redacted] dated 07/09/2014 are: Large disk extrusion; left central, L2-L3 with myelopathy; cauda, tibialis anterior and EHL weakness as well as loss of reflex, Discopathy; L4-L5, L5-S1 with a broad-based disk protrusion and disk space narrowing, Status post laminotomy, discectomy and foraminotomy L2-L3, L3-L4 from 06/04/2013, Probable chronic cauda equina syndrome, Lateral recess stenosis at L4-L5. According to this report, the patient complains of ongoing significant pain in his lower back. The pain is across the base with radiation to both lower extremities, but primarily on the left side. The objective findings show the patient still walks with a significant Trendelenburg gait on the left side. He does use a cane on his right hand. He is unable to walk on his toes and heels with a combination of balance and weakness especially on the left side. The utilization review denied the request on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Panel Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a 16-panel urine drug screen. According to the progress report 07/09/2014, the request is made for a 6-panel urine drug testing instead of a 16-panel urine drug screen. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG Guidelines provide clear recommendations. For low-risk opiate users, once-yearly urine drug screen is recommended following initial screening within the first 6 months. The patient's current list of medications includes gabapentin and tramadol. The records show the patient was administered a UDS on 2/17/14, which was consistent with the medications prescribed. It appears that the treater went ahead and performed a repeat UDS on 07/09/2014 without prior authorization. The ODG states once yearly screen is suffice for low risk patients. Given the patient already had a UDS on 2/17/14, recommendation is for denial.