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| Case Number: | CM14-0156321 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 08/26/2004 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/24/2014 |

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 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:

This 43 year-old patient sustained an injury on 8/26/04 while employed by [REDACTED]. Request(s) under consideration include Urine Drug Screen (retrospective). Diagnoses include lumbar post-laminectomy syndrome; thoracic/ lumbosacral neuritis/ radiculitis. The patient continues to treat for chronic ongoing low back pain. Report of 5/21/14 from the provider noted the patient with continued low back symptoms with psychological issues. Exam showed lumbar spine with limited range of motion; tenderness; and positive right SLR. Conservative care has included medications, therapy, and modified activities/rest. The patient continues treating with medications that includes Avinza. The request(s) for Urine Drug Screen (retrospective) was non-certified on 8/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Recommended as an option, using a urine drug screen to assess for the use or the.

Decision rationale: This 43 year-old patient sustained an injury on 8/26/04 while employed by [REDACTED]. Request(s) under consideration include Urine Drug Screen (retrospective). Diagnoses include lumbar post-laminectomy syndrome; thoracic/ lumbosacral neuritis/ radiculitis. The patient continues to treat for chronic ongoing low back pain. Report of 5/21/14 from the provider noted the patient with continued low back symptoms with psychological issues. Exam showed lumbar spine with limited range of motion; tenderness; and positive right SLR. Conservative care has included medications, therapy, and modified activities/rest. The patient continues treating with medications that includes Avinza. The request(s) for Urine Drug Screen (retrospective) was non-certified on 8/28/14. Review indicates the patient has been prescribed opiates since at least 2004 to include alternating use of Avinza, Nucynta, and Ultram. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2004 injury. The patient has been P&S and is not working. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug use may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen is not medically necessary and appropriate.