

Case Number:	CM14-0168997		
Date Assigned:	10/17/2014	Date of Injury:	05/27/2010
Decision Date:	11/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Medicine 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 is a male patient with a date of injury of May 27, 2010. A utilization review determination dated October 7, 2014 recommends non-certification of a urine analysis. A progress note dated September 18, 2014 identifies subjective complaints of a current pain level of 8 on a scale of 0 to 10, severe lumbosacral pain, moderate pain that intermittently radiates into the bilateral L5 dermatomes, depression, and sleep disturbance. There is documentation of no aberrant drug-taking behaviors. Physical examination identifies right greater than left L4-5 and L5-S1 facet joint tenderness, left sacroiliac joint tenderness, range of motion is partially diminished, pain corresponding to the bilateral L5 dermatomes, and deep tendon reflexes are 1/4 at the bilateral patellar and achilles tendons. The diagnoses include lumbar disc bulges, lumbar stenosis, lumbar radiculopathy, lumbar facet arthropathy, sacroiliac joint pain, and opioid dependence. The treatment plan recommends bilateral L5 transforaminal epidural injection for L5 neuralgia, follow up with spine surgeon, continuing with Oxycodone 10 mg, continue with Norco 10-325, CURES and UA obtained, continue home based weight reduction program, and continue with psychological counseling. A urine drug screen collected on August 21, 2014 was positive for Hydrocodone, Norhydrocodone, Doxepin, Desmethyldoxepin, and Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine analysis dos 9/18/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine analysis, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently performed a toxicology test. The provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. As such, the currently requested urine analysis is not medically necessary.