

Case Number:	CM14-0172719		
Date Assigned:	10/23/2014	Date of Injury:	02/15/2010
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 58 year-old patient sustained an injury on 2/15/10 while employed by [REDACTED]. Request(s) under consideration include Urine drug screen. Diagnoses include thoracic/ lumbar disc degeneration/ lumbago/ post-laminectomy syndrome/ spondylosis; chronic pain syndrome; gastritis; depression; and long-term use of medications. Conservative care has included medications, physical therapy, H-wave, lumbar epidural steroid injections; Toradol injections, and modified activities/rest. Urine drug screen on 5/6/14 had consistent findings. Report of 6/3/14 from the provider noted the patient with chronic ongoing low back and left leg pain; medications made pain level tolerable and improved functional mobility; Effexor is helping overall mood; pain level rated at 5-6/10 with medications and 9/10 without. Exam showed bilateral tender sacral notches and sacroiliac joints; positive Patrick's; lumbar tenderness and spasm. Report of 8/5/14 noted continued unchanged low back and left leg pain rated at 10+/10 without and 10/10 with medications; denying any recent trauma or injury. Exam was unchanged with positive provocative testing; painful sacral notches and SI joints; with tender paraspinals and spasm with limited range; 4+/5 on left and 5-/5 on right LE secondary to pain. Medications list Effexor, Lyrica, Butrans, Lioresal, Prilosec, Lidoderm patch, Rozerem, Tylenol extra strength, Simvastatin, and Levothyroid. Treatment was for medications refills, acupuncture, and use of H-wave. The request(s) for Urine drug screen was non-certified on 9/30/14 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 (UDS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: This 58 year-old patient sustained an injury on 2/15/10 while employed by [REDACTED]. Request(s) under consideration include Urine drug screen. Diagnoses include thoracic/ lumbar disc degeneration/ lumbago/ post-laminectomy syndrome/ spondylosis; chronic pain syndrome; gastritis; depression; and long-term use of medications. Conservative care has included medications, physical therapy, H-wave, lumbar epidural steroid injections; Toradol injections, and modified activities/rest. Urine drug screen on 5/6/14 had consistent findings. Report of 6/3/14 from the provider noted the patient with chronic ongoing low back and left leg pain; medications made pain level tolerable and improved functional mobility; Effexor is helping overall mood; pain level rated at 5-6/10 with medications and 9/10 without. Exam showed bilateral tender sacral notches and sacroiliac joints; positive Patrick's; lumbar tenderness and spasm. Report of 8/5/14 noted continued unchanged low back and left leg pain rated at 10+/10 without and 10/10 with medications; denying any recent trauma or injury. Exam was unchanged with positive provocative testing; painful sacral notches and SI joints; with tender paraspinals and spasm with limited range; 4+/5 on left and 5-/5 on right LE secondary to pain. Medications list Effexor, Lyrica, Butrans, Lioresal, Prilosec, Lidoderm patch, Rozerem, Tylenol extra strength, Simvastatin, and Levothyroid. Treatment was for medications refills, acupuncture, and use of H-wave. The request(s) for Urine drug screen was non-certified on 9/30/14. The patient had recent consistent UDS in May 2014. 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 2010 injury. 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 or history of negative results for prescribed medications 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.