

Case Number:	CM14-0175446		
Date Assigned:	10/28/2014	Date of Injury:	08/22/2000
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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 American Board of Internal 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:

The injured worker (IW) is a 58-year-old man with a date of injury of August 22, 2000. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated September 24, 2014, the IW complained of intermittent headaches and constant, unchanging neck and lower back pain that he rated 8-9/10 without medications. The pain radiated into the bilateral upper and lower extremities respectively with associated numbness and tingling. The IW also reported emotional pain, anxiety, depression and insomnia. The IW takes Norco 10/325mg and Flexeril 10mg, which provided 50-60% pain relief, but had associated side effects including constipation and itchiness. Documentation in the medical record revealed Norco was initially prescribed in May of 2014. Physical examination revealed positive nerve root lesion signs and paraspinal spasms and tenderness in the lumbar spine. The provider refilled the aforementioned medications and prescribed Senna plus for constipation. A urine drug screen was also requested and performed at the time of exam. The IW has been diagnosed with chronic pain; C3 through C7 herniated nucleus pulposus with upper extremity radiculopathy; temporal mandibular joint and dental pain; myoligamentous sprain/strain, cervical spine, superimposed on diffuse degenerative changes at C3-C7; and failed back syndrome with multiple spinal surgeries with lower extremity pain and paresthesia's. Past surgical history includes: Status-post decompression and fusion September 20, 2004; status-post removal of hardware 2005; status-post spinal cord stimulator (SCS) with good coverage of hos lower extremities and coccyx; and status-post SCS replacement. Treatment plan recommendations include medication refills, and urine drug screen.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)' Pain section; Urine Drug Screen

Decision rationale: Pursuant to the official disability guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncovered a version of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addictions screening, pill counts and prescription drug monitoring reports. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk all for addiction/aberrant behavior are recommended for point of contact screening to three times a year with confirmatory testing for inappropriate or unexplained results. In this case, the injured worker has been taking Norco long-term. In May 2014 (upon the start of opiate treatment), a urine drug screen was performed and was negative. There are no entries in the medical record indicating whether the injured worker is at low or high risk of addiction/misuse of narcotic opiates. The progress note dated September 23, 2014 documents continued use of Norco and Flexeril in his pain treatment plan. However, there is no documentation as to the medical necessity or purpose of the urine drug screen. Consequently, urine drug screen is not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, urine drug screen is not medically necessary.