

Case Number:	CM14-0184582		
Date Assigned:	11/12/2014	Date of Injury:	05/13/2013
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/05/2014

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 & 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 36 year old male with an injury date of 05/13/13. Based on the Chiropractor's progress report dated 10/10/14, the patient complains of moderate to severe stabbing, throbbing low back pain along with stiffness, heaviness, and weakness radiating to the bilateral lower extremities. The extremities experience numbness, tingling, weakness, and cramping. The patient also suffers from frequent moderate, dull achy left ankle pain, stiffness, heaviness, swelling and weakness. Physical examination of the lumbar spine reveals decreased and painful range of motion, and +3 tenderness to palpation of the lumbar paravertebral muscles and bilateral SI joints. Physical examination of the left ankle also shows reduced and painful range of motion, and +3 tenderness to palpation of the dorsal ankle and lateral ankle. Progress report dated 08/05/14 provided by the orthopedic surgeon, states that prolonged walking or sitting and heavy or prolonged lifting aggravates the pain. The patient is unable to sleep well due to the pain. Chiropractic examination of the lumbar spine dated 10/01/14, states that the patient has a lumbar pain score of 7/10. Physical examination at the visit revealed moderate tenderness throughout the lumbar paraspinal and gluteal musculature. The patient is limited with respect to activities of daily living including i.e., sitting, standing, lifting, pushing, carrying, pulling, and dressing among other things. The patient uses hot towel and back braces to mitigate the pain, as per progress report dated 08/05/14. The list of medications per the report includes Percocet, Flexeril, Losartan, and Posar. Diagnostics impressions include EMG 08/01/13, as per progress report dated 08/05/14 revealed positive for left tibial motor neuropathy; and MRI of the Lumbar Spine, 09/05/13, as per progress report dated 08/05/14 revealed disc desiccation with 2-3mm disc protrusion and central canal and foraminal stenosis of L4-L5. Current diagnosis as of 10/10/2014 include lumbar disc protrusion; rule out lumbar radiculitis vs. radiculopathy; left tibial motor

neuropathy; contusion, right ribs, resolved; accidental fall from sharp shooting pain in the back and left leg giving; left ankle injury: rule out left ankle ligament tear; and altered gait. The treating physician is requesting for Retrospective for date of service 09/22/14 outpatient urine drug screen. The utilization review determination being challenged is dated 10/20/14. The rationale was lack of "documentation of previous drug screen or documentation of any potential related actions taken in response to any inconsistencies." Treatment reports were provided from 03/14/14 - 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 09/22/14, outpatient urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Urine drug testing (UDT), <http://odg-twc.com/index.html?odgtwc/pain.htm#Urinedrugtesting>.

Decision rationale: The patient presents with moderate to severe stabbing, throbbing low back radiating to the bilateral lower extremities with numbness, tingling, weakness, and cramping, per progress report dated 10/10/14. MTUS guidelines page 77, under Opioid Management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Official Disability Guidelines (ODG) has the following criteria regarding Urine Drug Screen (UDS): "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient complains of lower back pain that is radiating to the lower extremities. He has been prescribed Percocet, as per progress report dated 08/05/14. This is a combination drug that contains acetaminophen and oxycodone (an opioid). The use of this medication would warrant urine drug screen. The treating physician does not indicate the risk status of the patient nor does he provide documentation related to previous urine drug screens. However, given the random nature of the UDS's and the recent Percocet prescription, a UDS does not appear excessive or outside of the guidelines. Therefore, this request is medically necessary.