

Case Number:	CM14-0022291		
Date Assigned:	05/09/2014	Date of Injury:	08/18/2006
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 is a 50-year-old male who reported an injury on 08/18/2006. The mechanism of injury was not provided within the documentation. Per the x-ray of the lumbar spine dated 11/14/2013, the injured worker was reported to have decreased range of motion of the lumbar spine on flexion and extension. There was degenerative endplate sclerosis in the inferior endplate of L1-3, as well as the superior endplate of L3-4 and degenerative endplate osteophyte off the anterior inferior endplate of T12, as well as the superior endplate of T12 and L1. Posterior bilateral interbody fusion hardware was present at L3-4, L4-5 and L5-S1. Per the clinical note dated 01/14/2014, the patient continued to report pain in the low back radiating into both legs. Morphine pump was stabilized at 14 and the injured worker reported it gave good relief combined with other medications. Pain intensity and frequency was decreased overall. The patient was attempting to take less medication. Pain intensity without medication was 9/10 to 10/10 and decreased to 6/10 to 8/10 with the morphine pump and medications. On physical exam of the lumbosacral spine region, there was decreased range of motion. Straight leg raise and Kemp's test were positive bilaterally. There was 2 to 3+ spasms and tenderness at the lumbar paraspinal muscles. There was hypesthesia of bilateral lower extremities at L3 through S1. Muscle strength was 3/5 bilaterally at foot dorsiflexors. The injured worker continued to ambulate with a cane. Diagnosis for the injured worker were reported to include status post hardware removal of the lumbar spine on 08/01/2009, status post lumbar spine 360 degree arthrodesis with dorsal column implantation on 08/22/2010, anxiety and depression, insomnia and morphine pump. The Request for Authorization of Medical Treatment was dated 01/14/2014. The provider recommended the hardware block injection to evaluate if implanted hardware is causing source of the patient's back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing.

Decision rationale: The California MTUS guidelines recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Per the Official Disability Guidelines 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. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. There was a lack of documentation to indicate the injured worker was at a high risk of aberrant drug use. The documentation provided noted the use of only those medications currently prescribed for the injured worker. There was a lack of documentation that the medications prescribed for the injured worker were not being utilized as prescribed. Therefore, the request for the urinalysis is not medically necessary.