

Case Number:	CM14-0025902		
Date Assigned:	09/23/2014	Date of Injury:	01/26/1999
Decision Date:	10/22/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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:

Patient is a 61-year-old male who has submitted a claim for failed back surgery syndrome, status post previous fusion from L3 to L4 to L5 to S1, chronic low back pain with radicular pain, sacroiliitis, and bilateral knee arthroplasties associated with an industrial injury date of 1/26/1999. Medical records from 2009 to 2014 were reviewed. Patient complained of severe stabbing pain over the sacroiliac joints radiating to the lumbosacral region and bilateral lower extremities, associated with numbness and cramping sensation. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted motion. Gait was mildly antalgic. Sensation was diminished at left lateral thigh. Deep tendon reflexes were decreased symmetrically at bilateral lower extremities. Straight leg raise test was positive on the left. Urine drug test from 3/4/2013 showed negative level for any medication. Treatment to date has included lumbar fusion, radiofrequency neurotomy, physical therapy, and medications such as Lyrica, Advil, lidocaine patch, and omeprazole. Utilization review from 1/28/2014 denied the request for urine drug screening because there was no evidence of high risk for drug abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medications include Lyrica, Advil, lidocaine patch, and omeprazole. There is neither a plan for starting opioid prescription nor current opioid therapy that may warrant drug screening. There is no compelling rationale for performing drug screen at this time. No aberrant drug behavior is likewise noted. Therefore, the request for urine drug screen is not medically necessary.