

Case Number:	CM14-0030781		
Date Assigned:	04/09/2014	Date of Injury:	10/11/2011
Decision Date:	05/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational 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 patient has submitted a claim for Grade 1 spondylolisthesis at L5-S1 with disc height collapse and right lower extremity radiculopathy associated with an industrial injury date of 10/11/2011. The treatment to date has included lumbar epidural steroid injection on 09/26/2013, chiropractic care, physical therapy, and medications including Motrin, Medrox patches, topical creams, Norco, and Anaprox. A utilization review from 01/15/2014 partially certified the request for routine confirmatory testing, #2 into one quantity because confirmatory drug testing is only being done for unexpected results such as evidence of illicit substance and other non-prescribed opioids. The medical records from 2013 to 2014 were reviewed showing that patient complained of frequent low back pain, rated 8/10, with numbness and tingling in both lower extremities, right worse than left. Motor exam showed weakness of the extensor hallucis longus and tibialis anterior at 4/5. Sensory examination revealed decreased light touch over the posterior aspect of the calf. The current medications include Norco, ibuprofen, and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROUTINE CONFIRMATORY TESTING, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section On-going Management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 85, 94.

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens is recommended to avoid misuse of opioids, in particular, for those at high risk of abuse. The MTUSU guidelines further states that a criterion in Chelminski multi-disciplinary pain management program that is used to define serious substance misuse is a urine toxicology screen negative for prescribed drugs. In this case, the earliest progress report documenting the usage of hydrocodone is dated 10/30/2013. The most recent urine drug screen was on 01/02/2014 which revealed undetectable levels of hydrocodone even when it is reported as being prescribed. There has been no discussion of aberrant behavior of drug misuse. The medical necessity for a confirmatory testing appears to be consistent with the MTUS guidelines noted above, however, there was no rationale available as to why two confirmatory tests are necessary at this point. Therefore, the request for routine confirmatory testing, #2 is not medically necessary.