

Case Number:	CM14-0069457		
Date Assigned:	07/14/2014	Date of Injury:	09/29/2011
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 is a 52-year-old male who has submitted a claim for lumbar radiculopathy, post-laminectomy syndrome, lumbar disc protrusion, and lumbar stenosis; associated with an industrial injury date of 09/29/2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of left posterolateral thigh and calf pain with numbness and paresthesia. Pain is aggravated by prolonged sitting and standing, and lifting; and relieved by lying on back, stretching, and medications. Physical examination showed tenderness of the lumbar paraspinal muscles. Right lower extremity range of motion was restricted by pain in all directions. Lumbar flexion was worse than extension. Pelvic rock and sustained hip flexion were positive bilaterally. Straight leg raise test was positive on the left. Muscle stretch reflexes were +1 and symmetric bilaterally. Sensation was decreased in L4 and L5 dermatomes. A urine drug test was performed on 11/19/2013, and was consistent with prescribed medications. Treatment to date has included medications, and left L4-L5 microdiscectomy (06/25/2012). Utilization review, dated 04/23/2014, denied the retrospective request for urine drug screening because the medical records reviewed did not indicate any initial risk stratification carried out prior to stating the patient on Norco, and previous drug screens were not noted in the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-Office 12-panel random urine drug screen Collected on 4/8/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity as confirmed by a psychological consultation dated 03/04/2014. Urine drug testing was performed on 11/19/2013, which was consistent with prescribed medications. Additional urine drug testing is within guideline recommendations, given that the patient is low risk for drug abuse. Therefore, the request for In-Office 12-panel random urine drug screen Collected on 4/8/14 is medically necessary and appropriate.