

Case Number:	CM14-0081938		
Date Assigned:	07/18/2014	Date of Injury:	11/20/2006
Decision Date:	09/22/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 48 year old employee with date of injury of 11/20/2006. Medical records indicate the patient is undergoing treatment for sacrolitis; lumbar spondylosis without myelo/facet artho; cervical radiculopathy; lumbar disc herniation w/o myelo; lumbar stenosis; cervicgia; lumbar disc degeneration; cervical spondylosis/facet arthropathy and cervical disc herniation. Subjective complaints include severe pain on the left SI joint. He states that his activity level has decreased and his medications are not effective. Objective findings include a left sided antalgic gait. Lumbar spine range of motion (ROM) is restricted with flexion limited to 10 degrees; extension limited by pain; left lateral bending limited by pain and lateral rotation to the left limited by pain. There is spinous process tenderness at L4 and L5. Lumbar facet loading is positive bilaterally. FABER test is positive. There was tenderness over the sacroiliac spine. Treatment has consisted of Vimovo; Flexeril; Baclofen, Lidoderm patches and Ultram. The utilization review determination was rendered on 5/19/2014 recommending non-certification of a Urine Drug Test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96, 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg. 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, the use of drug screening is recommended for inpatient treatment in those with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate the need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care recommends urine drug testing twice yearly for all chronic non-malignant pain patients receiving opioids; once during January-June and another July-December. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Urine Drug Screen is not medically necessary.