

Case Number:	CM13-0067268		
Date Assigned:	01/03/2014	Date of Injury:	01/17/2005
Decision Date:	01/19/2015	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Preventive Medicine, has a subspecialty 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:

This is a 66 year old patient with date of injury of 01/17/2005. Medical records indicate the patient is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis. Subjective complaints include low back pain, bilateral extremity pain rated 9/10 without medication and 3-4/10 with medication. The pain radiates to bilateral legs with numbness and tingling to the feet. Objective findings include antalgic gait, bilateral lumbar paraspinal muscle tenderness and spasms and facet tenderness. Range of Motion (ROM) includes: lumbar range of motion - flexion 30 degrees, extension 15 degrees, left and right lateral flexion is 25 degrees. There is decreased sensation of dermatomes on the bottom of right foot and normal motor exam. Treatment has consisted of lumbar disc surgery, home exercise program, Advil, Aleve, Ambien, Norco, Excedrin Migraine and Zanaflex. The utilization review determination was rendered on 12/05/2013 recommending non-certification of RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN (UDS) DOS 12/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN (UDS) DOS 12/3/13:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate 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: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The patient has been on chronic opioid therapy. 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 RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN (UDS) DOS 12/3/13 is not medically necessary.