

Case Number:	CM14-0111254		
Date Assigned:	08/01/2014	Date of Injury:	05/27/2010
Decision Date:	01/05/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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, has a subspecialty in Interventional spine 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 with an injury date on 05/27/2010. Based on the 06/19/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar Disc Bulges, Rule Out Discogenic Pain at L4-5. 2. Lumbar Stenosis. 3. Lumbar Radiculopathy. 4. Lumbar Facet Arthropathies. 5. Sacroiliac Joint Pain. 6. Opioid Dependence. 7. Non-Industrial Conditions Obesity, Diabetes Mellitus II Hypertension Hypercholesterolemia. According to this report, the patient complains of severe lumbosacral pain, moderate lower extremity pain that intermittently radiates into the bilateral L5 dermatomes, depression, and sleep disturbance. Pain is rated as a 7/10. Physical exam reveals tenderness at L4-L5 and L5-S1 facet joints and left sacroiliac joint. Range of motion is partially diminished. Deep tendon reflexes are 1/4 at the bilateral patellar and Achilles tendons. There were no other significant findings noted on this report. The utilization review denied the request for Urine Drug Screen on 07/09/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 01/20/2014 to 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: 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 UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, urine drug testing

Decision rationale: According to the 06/19/2014 report, this patient presents with severe lumbosacral pain and moderate lower extremity pain that intermittently radiates into the bilateral L5 dermatomes. Per this report, the current request is for Urine Drug Screen. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Oxycodone and Norco (an opiate). UR alludes "that the patient has had multiple urine drug tests this year, with the most recent test administered on 5/22/2014." In reviewing the reports provided there was no discussion regarding the patient showing any adverse behavior with opiates use. The treating physician did not explain why another UDS is needed. There is no discussion regarding this patient being at risk for any aberrant behaviors. The request is not medically necessary.