

Case Number:	CM14-0191281		
Date Assigned:	11/25/2014	Date of Injury:	08/06/2010
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 49-year old male with date of injury 3/23/10 and 8/6/10. The treating physician report dated 10/15/14 indicates that the patient is postop from a lumbar laminectomy in June, 2014. He presents with severe chronic pain syndrome, L3-L4, L4-L5 disc disruptions with L3-L4 retrolisthesis and kyphosis, pre-diabetes and hypertension with LV hypertrophy and diastolic dysfunction. The physical examination findings reveal he is in "obvious discomfort and is tearful." The patient's gait is stiff, restricted and cane assisted. ROM (range of motion) is limited and painful. Prior treatment history includes lumbar laminectomy, physical therapy, postop MRI findings of the lumbar spine reveal changes seen at L3 on the left with denervation changes and atrophy of the spinae erector muscles. There is residual central stenosis at L3-4 secondary to broad-based disc protrusion. The spinal canal is decreased to 9mm. There is paucity of CSF at this level. The current diagnoses are: Severe chronic pain syndrome (Major depression with psychotic features; Urinary voiding/erectile dysfunction; Irritable bowel syndrome with severe constipation; Gastritis with reflux; Sleep disorder; Dermatillomania); L3-4, L4-5 dis disruptions with L3-4 retrolisthesis and kyphosis (Status post lumbar laminectomy 6/2014; Residual L3-4 spinal stenosis); Metabolic syndrome (Prediabetes; Hypertension with IV hypertrophy and diastolic dysfunction). The utilization review report dated 10/31/14 modified the request for Urine drug test qty: 4 and authorized a modification of 2 tests over the next six months based upon MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test Qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

Decision rationale: The patient presents with severe chronic pain syndrome as well as residual L3-4 spinal stenosis, status post lumbar laminectomy 6/2014. The current request is for Urine drug test Qty: 4. In this case, the treating physician has documented that the injured work has been treating with Nucynta 100 mg. Nucynta is an opioid pain medication. The MTUS guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. MTUS guidelines additionally define steps to avoid misuse of opioids, and in particular, for those at high risk of abuse as "frequent random urine toxicology screens." MTUS notes frequency randomly at least twice and up to 4 times a year. A higher frequency of testing is done when there is suspicion of aberrant behavior. In this case, the treating physician has failed to define why 4 random tests rather than 2 are necessary. Therefore, recommendation is that the request is not medically necessary.