

Case Number:	CM14-0194374		
Date Assigned:	12/02/2014	Date of Injury:	07/08/2003
Decision Date:	01/20/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation and Pain Management, 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 47-year-old female with date of injury of 07/08/2003. The listed diagnoses from 10/20/2014 are: 1. Status post anterior and posterior L4 through S1 fusion from 06/28/2006.2. Opioid dependency.3. Elevated liver enzymes as seen on lab test performed on 11/25/2013 and 06/11/2014. According to this report, the patient complains of chronic mid to low back pain. She notes numbness in the left leg. The patient also complains of pain in the left knee. She has failed physical therapy in the past. Her current lists of medications include methadone, oxycodone, and gabapentin. She rates her pain 5/10 to 6/10 with medication use and 10/10 without medication. The patient reports 40 to 50% improvement in her pain and function due to the medications. She is able to perform her activities of daily living including self-hygiene. The examination of the lumbar spine showed mild tenderness to palpation over the lumbar paraspinal musculature from L4-S1. Motor weakness was noted at 4/5 in the extensor hallucis longus bilaterally. She has hyperesthesia in the S1 dermatome bilaterally. Reduced Achilles reflexes bilaterally. The treater references a urine drug screen from 08/20/2014 that showed inconsistent results to prescribed medications. The documents progress report from 02/20/2014 to 10/20/2014. The utilization review denied the request on 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with chronic low back pain and left knee pain. The treater is requesting Urine Drug Screen. The MTUS Guidelines do not specifically address how frequent urine drug screen should be obtained for various risks opiate users. However, ODG Guidelines provide clear recommendations. The records show a urine drug screen from 10/20/2014 that showed inconsistent results to prescribe medications. The treater is requesting a repeat UDS "due to the recent inconsistencies of the urine drug screen performed on August 20, 2014." While the treater does not discuss the patient's risk assessment, ODG Guidelines recommends once yearly urine drug screen and a follow-up within the first six months for a total of 2 per year. Given that the request is within ODG Guidelines, the request is medically necessary.