

Case Number:	CM14-0194728		
Date Assigned:	12/02/2014	Date of Injury:	10/05/2006
Decision Date:	01/16/2015	UR Denial Date:	11/13/2014
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 Family 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 28years female patient who sustained an injury on 10/5/2006. She sustained the injury while she was picking grapes and she had 4 trays of grapes on a cart that she was pushing towards the packing area, her left foot became entangled on the grape vine and she fell to the right and holding onto the cart very forcibly and it twisted her lower back. The diagnoses include lumbar and cervical spondylosis, lumbar intervertebral disc degeneration and cervical spondylosis with radiculopathy. Per the doctor's note dated 9/10/14, she had complaints of pain in the left lower back radiating to the buttocks and down the posterior aspect of the left leg. Physical examination revealed moderate distress due to pain and tenderness to palpation over the lumbar paraspinal muscles. Per the doctor's note dated 7/10/14, she had complaints of back pain at 3/10. Patient was prescribed hydrocodone 5/325mg for prn use. The physical examination revealed slight distress and mild tenderness. Per the doctor's note dated 7/10/14, the medications list includes topical cream, diclofenac ER 100 mg daily, ibuprofen 400 mg TID, tramadol ER 150 mg daily, and trazodone 50 mg daily. She has had MRI of the lumbar spine dated 11/22/2008 which revealed at L3-4: posterior annular tear in the intervertebral disc with accompanying 3-4 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing at L4-L5: mild right neural foraminal narrowing and mild canal stenosis secondary to 5-6 mm posterior disc bulge, facet joint hypertrophy and L5-S1: moderate canal stenosis secondary to 4 mm posterior disc bulge; EMG/NCS dated 3/30/2011 which revealed bilateral chronic active L4-5 radiculopathy, left greater than right; cervical MRI which revealed 2mm disc bulge at C5-6 and C6-7. She had undergone left knee partial medial meniscectomy on 2/1/2008 and lumbar decompression at L3-4, L4-5 and L5-S1 on 9/3/2009. She has had physical therapy visits and acupuncture for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Urine drug screen, DOS: 7/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the doctor's note dated 7/10/14, the medications list includes topical cream, diclofenac ER 100 mg daily, ibuprofen 400 mg TID, tramadol ER 150 mg daily, and trazodone 50 mg daily. Any evidence that the patient had a history of taking illegal drugs or potent high dose opioids was not specified in the records provided. History of aberrant drug behavior was not specified in the records provided. The medical necessity of Retrospective, Urine drug screen, DOS: 7/10/14 was not established for this patient at that juncture.

Urine drug screen x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

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); Chapter: Pain (updated 12/31/14) Opioids, Tools For Risk Stratification & Monitoring Urine Drug Testing (UDT).

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the cited guidelines "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." Patient has been approved for urine drug screen screen on 9/10/14. Rationale for frequent repetition of urine drug screen is not specified in the records provided. Evidence that the patient is being prescribed significant doses of potent opioids, is not specified in the records provided. The medical necessity of Urine drug screen x 3 is not established for this patient at this juncture.