

Case Number:	CM14-0197134		
Date Assigned:	12/05/2014	Date of Injury:	11/23/2011
Decision Date:	01/16/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Emergency 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 40 year old male sustained a lower back injury on November 13, 2011. The mechanism of injury was not included in the provided medical records. Diagnoses included lumbar disc herniation with radiculopathy. Prior treatment included proton pump inhibitor and pain medications, epidural injections, and temporarily totally disabled. A previous MRI revealed herniated discs at L4-5 and L5-S1 with foraminal and lateral recess stenosis. On January 29, 2014, the injured worker underwent laminotomy with decompression at L4 and L5, L4-5 and L5-S1 microdiscectomy for decompression, left L4-5 and left L5-S1 partial medical facetectomy for decompression of nerve root, excision of deep scar tissue at left L5-S1, neurolysis at L5 and S1, and superior S1 laminotomy for decompression. The provided medical record did not contain a recent physician's exam. The Utilization Review noted the most recent physician's exam was from August 12, 2014, which revealed tenderness of the lumbar spine paravertebral muscles, positive bilateral straight leg raise greater on the left than right, limited range of motion, and a mildly guarded gait. On August 18, 2014, a MRI of the lumbar spine revealed a prior discectomy with a left sided laminectomy deficit at L5-S1. There was an enhancing scar within the proximal left S1 lateral recess with a persistent left lateral bulge of the annulus, and a retrolisthesis. These findings were stable. A left-sided laminectomy at L4-5 disc space and an enhancing scar in the proximal annular fibers, without central or foraminal stenosis. There was no arachnoiditis, discitis, or osteomyelitis. On October 31, 2014 Utilization Review denied a request for 1 retrospective urine drug screen (UDS). The retrospective urine drug screen was denied based on the guidelines recommendation of yearly urine drug testing for individuals that are at low risk. The clinical findings supported that the injured worker's condition appeared to fall into the low risk category. The California Medical Treatment Utilization Schedule (MTUS), Steps to avoid

misuse of opioids and Criteria for Use of Urine Drug Testing, and Official Disability Guidelines (ODG), Opioids, tools for risk stratification & monitoring was cited.

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: 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 Drug testing Page(s): 43.

Decision rationale: CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The treating physician has documented tenderness of the lumbar spine paravertebral muscles, positive bilateral straight leg raise greater on the left than right, limited range of motion, and a mildly guarded gait. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of neither the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Drug Screen is not medically necessary.