MAXIMUS Federal Services

Case Number:	CM14-0201525		
Date Assigned:	12/11/2014	Date of Injury:	08/03/2010
Decision Date:	01/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/03/10 when, while moving a large heavy desk down a flight of stairs, as the desk was being maneuvered, the weight of the desk forced the claimant into a flexed position causing back and left leg pain. In October 2011 he underwent a left lumbar L5-S1 diskectomy and left L5-S1 facet joint medial branch radiofrequency ablation. He continues to be treated for moderate to severe radiating back pain. He was seen on 07/30/14. He had relocated from [redacted]. He had run out of medications. He was having radiating pain rated at 10/10. Physical examination findings included pain with lumbar spine range of motion. Straight leg raising was positive. He had an antalgic gait. A Toradol injection was administered and Norco 10/325 mg #60 was prescribed. Urine drug screening was performed. Results were consistent with the prescribed medications. He was seen on 08/06/13. He was having severe pain. He had been discharged from pain management due to abnormal urine drug screening test results which had shown methamphetamines and alcohol. Physical examination findings included decreased lower extremity strength with decreased left lower extremity sensation. He had positive straight leg raising. Lidoderm and anti-inflammatory medication were prescribed. On 08/07/14 there had been a worsening of radiating symptoms. He was having difficulty with activities of daily living. He was taking Norco 5-6 times per day. Physical examination findings included lower extremity weakness and positive straight leg raising. Imaging results were reviewed. Authorization for additional testing was requested and urine drug screening was performed. These results are reported as inconsistent with the prescribed medications. Methamphetamine was detected without hydrocodone nor its metabolites or acetaminophen. On 08/15/14 there had been pain relief after the Toradol injection. Norco 10/325 mg #180 was prescribed. Authorization for physical therapy was requested. On 09/04/14 authorization for an L5-S1 fusion was requested. On 09/12/14 he was considering

undergoing the surgery. He was having ongoing moderate back pain radiating to the left lower extremity. He was having difficulty functioning. On 10/10/14 his condition appears unchanged. He was taking Norco up to eight times per day. On 10/28/14 authorization for surgery had been denied. On 11/11/14 he had worsening pain. Pain was rated at 9/10 without medications and 5/10 with medications. He was not having any adverse medication side effects. Physical examination findings appear unchanged. Lidoderm was prescribed. Urine drug screening was performed. Test results were consistent with the prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 11/11/14) Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain (updated 3/27/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic radiating low back pain. He has a history of inconsistent urine drug screening testing. He continues to receive opioid medication as part of his ongoing management. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at "moderate risk" for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the testing performed was within guideline recommendations and therefore was medically necessary.