

Case Number:	CM14-0204173		
Date Assigned:	12/16/2014	Date of Injury:	12/14/1996
Decision Date:	02/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/05/2014

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 Interventional Spine Pain Management 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 63 year old female with an injury date of 12/14/96. Based on the 10/02/14 progress report provided by treating physician, the patient complains of significant pain in the neck region, pain down the right shoulder and arm, low back pain, right hip pain; right lower extremity pain which is rated 10/10 at worst and 6/10 with medication. The patient is status post 3 previous lumbar surgeries including fusion. Physical examination 05/27/14 revealed tenderness to palpation and muscle spasm to the lumbar region, with tenderness to the gluteal muscles, bilateral ischial tuberosities, and sciatic notch. Treater notes a well healed surgical scar in the lower abdominal region. Patient is currently taking hydrocodone for pain management and Lyrica as a sleep aid. Diagnostic MRI dated 10/03/13 finds L3-4 grade 1 spondylolisthesis with mild to moderate bilateral facet joint degeneration, loss of disk height and desiccation, posterior disk bulge, in addition to L4-S1 laminectomy. Diagnosis 10/02/14 - Status post 3 previous lumbar surgeries including fusion; failed back surgery syndrome. - Chronic low back pain and lower extremity radicular pain, worse on the right, with sensory deficit. - Spinal stenosis as demonstrated by MRI at L3-L4 and L2-L3. The utilization review determination being challenged is dated 11/04/14 The rationale follows: 1) One urine drug screen between 10/02/14 and 10/02/14 " records show that the provider had ordered numerous confirmatory urine drug screens prior to 10/02/14 all of which showed non-prescribed drug use with subsequent recommendations for opioid weaning and discontinuation the last request for opioids was non-certified the request for retrospective drug screen was not necessarily supported by the guideline." 2) One urine drug screen between 10/02/14 and 01/03/15. "Numerous drug screens as well as confirmatory drug screens have been performed which have tested positive for non-prescribed marijuana use; however, based on the non-certification of ongoing opioid use the

request for prospective drug screens is medically unnecessary." Treatment reports were provided from 11/26/13 to 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen between 10/2/2014 and 10/2/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for use of Urine Drug Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) chapter, Urine drug testing (UDT).

Decision rationale: The request is for 1 Urine Drug Screen between 10/02/14 AND 10/02/14. The patient presents with constant pain in the neck region, pain down the right shoulder and arm, low back pain, right hip pain, right lower extremity pain. The patient is status post 3 previous lumbar surgeries including fusion. Physical examination 05/27/14 revealed tenderness to palpation and muscle spasm to the lumbar region, tenderness to the gluteal muscles, bilateral ischial tuberosities, and sciatic notch. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. ODG has the following criteria regarding Urine Drug Screen: "Patients 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." Per toxicology reports provided, patient has tested positive on multiple occasions for cannabinoids in addition to prescribed medications, placing the patient possibly in the high-risk for substance abuse category. Per ODG, individuals classified as high risk may require testing as often as once per month, therefore the request for point of care UDS is reasonable the request is medically necessary.

1 urine drug screen between 10/2/2014 and 1/3/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for use of Urine Drug Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic) chapter, Urine drug testing (UDT).

Decision rationale: The request is for 1 Urine Drug Screen between 10/02/14 AND 01/03/15. The patient presents with constant pain in the neck region, pain down the right shoulder and arm, low back pain, right hip pain, right lower extremity pain. The patient is status post 3 previous lumbar surgeries including fusion. Physical examination 05/27/14 revealed tenderness to

palpation and muscle spasm to the lumbar region, tenderness to the gluteal muscles, bilateral ischial tuberosities, and sciatic notch. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. ODG has the following criteria regarding Urine Drug Screen: "Patients 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." Per toxicology reports provided, patient has tested positive on multiple occasions for cannabinoids in addition to prescribed medications, placing the patient possibly in the high-risk for substance abuse category. Per ODG, individuals classified as high risk may require testing as often as once per month, therefore the request of a quarterly urinalysis is reasonable and the request is medically necessary.