

Case Number:	CM14-0207070		
Date Assigned:	12/19/2014	Date of Injury:	01/15/2012
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 59 year old male with an injury date 01/15/12. Per the 09/22/14 report, the patient presents with increasing lower back pain with stiffness and soreness and radiation down the right leg. Pain for the last two weeks is rated 10/10 with medications. The patient is working regular duty. Examination reveals spasms bilaterally latissimus dorsi right worse than left with positive pain over the facet joint. Kemp sign is positive. There is diminished pain and touch sensation on the right L3 and L4 nerve root distribution. MRI lumbar (date unknown) is cited showing bulging disk at L2-L3 and L3-L4. The patient's diagnosis is Lumbar discogenic disease at L2-L3 and L3-L4. The patient is declining other therapy. The treating physician is recommending consultation with a neurosurgeon for possible surgical intervention for lumbar discogenic disease. Current medications are listed as Gabapentin, Tizanidine, Naproxen and Omeprazole. The treating physician is stopping Naproxen due to stomach upset and is starting Tramadol to provide better pain relief. The utilization review dated 11/12/14 denied this request due to lack of evidence that past medication or currently recommended medication includes opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 urine and drug testing from sample collected on 09/22/14:
Upheld

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

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: The patient presents with lower back pain radiating down the right leg. The current request is for Retrospective request for 1 urine and drug testing from sample collected on 09/22/14. The RFA is not included. This request is not discussed in the 09/22/14 report. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. It appears this patient is starting use of opioids with the prescription of Tramadol 09/22/14. Prior reports from 04/23/14 to 08/28/14 do not show that opioids are prescribed. The Urine Toxicology Review provided for the UDS collected 09/22/14 states the test was done to determine medications in the patient's system and monitor compliance. The treating physician states results were consistent. No opioid are detected. The reports provided include 3 UDS's prior to this current request from 06/26/14 to 08/18/14. None of the reports show the presence of opioids or narcotic analgesics. Three to four times a year may be appropriate for high risk opiate users, but too frequent for routine monitoring. There is no documentation of chronic opioid use and no risk assessment is provided by the treating physician. In this case, the request is not medically necessary.