

Case Number:	CM14-0062073		
Date Assigned:	08/08/2014	Date of Injury:	06/14/2006
Decision Date:	04/07/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker (IW) is a 47-year-old male who sustained an industrial injury on 06/14/2006. He has reported moderate to severe back pain with radiation into the left leg. Diagnoses include failed back surgery lumbar; facet arthropathy; COAT symptomatic, degeneration of lumbar or lumbosacral intervertebral; myalgia and myositis unspecified; global fusion L4-S1 2011; lumbosacral spondylosis without myelopathy; chronic pain due to trauma. Treatment to date includes pain management specialist care, and pain medications including opioids. A progress note from the treating provider dated 03/26/2014 indicates the IW had an antalgic posture, tenderness, spasm and reduced motion. Treatment plan included medications and diagnostic urine and blood tests. On 04/18/2014 Utilization Review non-certified a request for ELA 9 w/GCMS (urine drug screen). The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELA 9 w/GCMS (urine drug screen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: According to the 03/26/2014 most recent report, this patient presents with moderate-severe low back pain that is worsening. The current request is for ELA 9 w/GCMS (urine drug screen). The request for authorization is not included in the file for review. The patient's work status is "P &S". The Utilization Review denial letter states there is no documentation of suspected illegal drug use or prescription medication abuse. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Norco and Nucynta Er, an opiate. The medical reports provided for review show a recent UDS was done on 12/27/2013. There was no discussion regarding the patient adverse behavior with opiates use. The treating physician does not explain why another UDS is needed. There is no discussion regarding this patient's opiate use risk assessment. Therefore, the request IS NOT medically necessary.