

Case Number:	CM15-0001249		
Date Assigned:	01/12/2015	Date of Injury:	09/14/2009
Decision Date:	04/02/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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:

This patient is a 51 year old female with a date of injury of 9/14/09. According to progress report dated 10/16/14, the patient presents with chronic low back pain that radiates into the left lower leg. The pain is rated as 9/10 without medications and 3/10 with medications. Current medications include Norco 10/325mg, MS Contin 15mg, Neurontin 300mg and Flexeril. Examination of the lumbar spine revealed awkward gait, decreased range of motion, mild tight band, moderate spasms, mild hypertonicity and mild tenderness along the bilateral lumbar. Straight leg raise was positive bilaterally. There was diminished sensation with along the bilateral L4 root distribution. The listed diagnoses are: 1. Facet arthropathy, lumbar. 2. Lumbar DDD. 3. Disorder of Sacrum, mild. 4. Abnormal posture. 5. Lumbar Discogenic pain. 6. Radiculopathy, lumbar. The patients work status was not addressed. Treatment plan was for a radiofrequency injection, refill of medications and a urine drug screening. The Utilization review denied the request on 12/15/14. Treatment reports from 1/9/13 through 1/13/15 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective comprehensive drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: This patient presents with low back pain. The current request is for Retrospective Comprehensive Drug Screen. The Utilization review denied the request stating that "no information is presented regarding the claimant's risk level for the use of opiates; there is no indication of any aberrant or drug seeking behavior." The MTUS Guidelines page 76, under opiate management: (j) "consider use of urine drug screen to assess for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risks of opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening with the first 6 months of management of chronic opiate use in low-risk patients. The patient's current medications are Norco, Neurontin, Morphine sulfate and Flexeril. There is no discussion of prior urine drug screenings in the progress reports provided for review. Given the patient's opiate regimen, a random UDS would be appropriate. This request IS medically necessary.