

Case Number:	CM15-0100905		
Date Assigned:	06/03/2015	Date of Injury:	12/14/1996
Decision Date:	07/01/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: Emergency Medicine

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 is a 63 year old female who sustained an industrial injury on 12/14/1996. The injured worker was diagnosed with cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, spondylolisthesis and primary fibromyalgia syndrome. Treatment to date includes diagnostic testing, surgery, physical therapy, and epidural steroid injection to the lumbar and cervical spine, psychological evaluation and medications. The injured worker is status post laminectomy and discectomy at L4-5 with posterior interbody fusion in September 1997, L4-5 and L5-S1 posterolateral fusion in March 2000 and removal of hardware in April 2001 noting the fusion was solid. According to the primary treating physician's progress report on May 1, 2015, the injured worker continues to experience low back and lower extremity pain, worse on the right with associated weakness and no numbness. The injured worker also reports neck and right shoulder pain. The injured worker reports with medications her pain is reduced from 10/10 to 5/10. Urine drug screenings performed in November 2014 and February 2015 were inconsistent for prescribed medications as well as positive for benzodiazepines, alcohol and THC. Examination of the cervical spine and shoulders demonstrated restricted range of motion due to pain and tenderness of the paracervical, trapezius and levator scapulae bilaterally. There was no trigger point pain bilaterally. Motor strength and sensory were intact. Examination of the lumbar spine noted sacroiliac joint tenderness and painful restricted range of motion. Right lower extremity noted decreased motor strength, diminished deep tendon reflexes of the lower extremities and positive straight leg raise. No assistive devices were used and the injured worker

was noted to have a slight antalgic gait. Current medications are listed as Norco and Lyrica. Treatment plan consists of weaning medications and the current request for urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random routine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids-urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain: Urine Drug Testing (4/30/2015).

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

Decision rationale: The requested Random routine drug screen, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has pain and tenderness of the paracervical, trapezius and levator scapulae bilaterally. There was no trigger point pain bilaterally. Motor strength and sensory were intact. Examination of the lumbar spine noted sacroiliac joint tenderness and painful restricted range of motion. Right lower extremity noted decreased motor strength, diminished deep tendon reflexes of the lower extremities and positive straight leg raise. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Random routine drug screen is not medically necessary.