

Case Number:	CM15-0106043		
Date Assigned:	06/10/2015	Date of Injury:	06/15/1999
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old female, who sustained an industrial injury on June 15, 1999. Treatment to date has included lumbar spine fusion, opioid medications, antidepressants and NSAIDS. Currently, the injured worker complains of deep low back pain with some swelling on the left side. She reports tingling and numbness of the left lower extremity and has muscle spasms of the low back and upper buttocks. She is off all opioid medications and her pain continues. Her medications include Cymbalta, omeprazole, gabapentin, skelaxin and celecoxib. She was evaluated by a psychologist for spinal cord stimulator trial and was cleared. On physical examination the injured worker has a mildly antalgic gait and she is able to heel walk and toe walk. She has tenderness to palpation over the lumbar paraspinal muscles and upper/lower gluteal muscles with muscle spasms noted. Straight leg raise tests are positive bilaterally. The diagnoses associated with the request include lumbar radiculopathy, status post lumbar fusion, left knee arthropathy, cervical spondylosis and right shoulder arthropathy. The treatment plan includes continuation of Cymbalta, omeprazole, gabapentin, Skelaxin and celecoxib, spinal cord stimulator trial and follow-up evaluation. A request was received for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen (UDS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug screen (UDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p76-80 Page(s): 76-80.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1999 and continues to be treated for radiating low back pain. When seen, she had discontinued use of all opioids medications. She was having ongoing pain but was more clearheaded. Non-opioid medications are providing benefit. Physical examination findings included an antalgic and slow gait. There was decreased lumbar spine range of motion with muscle spasms and lumbar paraspinal muscle and gluteal and piriformis muscle tenderness. There was decreased left lower extremity strength with positive straight leg rising. Authorization for psychological clearance for a spinal cord stimulator trial was requested. Her medications were refilled. Criteria of the use of opioids address the role of urine drug screening. In this case, the claimant is no longer being prescribed opioid medication. The electronic prescription-monitoring program (CURES) is available to identify whether the claimant is being prescribed medications from another provider. The request for urine drug screening is not medically necessary.