

Case Number:	CM15-0107734		
Date Assigned:	06/12/2015	Date of Injury:	09/06/2012
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on September 6, 2012. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, sacrum disorders, depression, sciatica, unspecified single episode of major depression, generalized anxiety disorder, psychogenic pain, and unspecified major depression, recurrent episode. Treatment to date has included epidural steroid injections (ESIs), acupuncture, electromyography (EMG), psychological counseling, lumbar facet nerve block, physical therapy, chiropractic treatments, biofeedback, cognitive behavioral therapy (CBT), Functional Restoration Program, and medication. Currently, the injured worker complains of increased chronic lower back pain with radicular symptoms into his right lower extremity, and cramping in his right calf. The Treating Physician's report dated February 26, 2015, noted the injured worker reported Norco provided him with approximately 25% pain relief, also utilizing Diclofenac cream, Norflex, Mirtazapine, Zoloft, Docusate, and Protonix. Physical examination was noted to show sensation decreased in the L4 and right L5 dermatomes, with spasm and guarding noted in the lumbar spine. The treatment plan was noted to include request for authorization for lumbar epidural injections, a lumbar epidurogram, fluoroscopic guidance, IV sedation, prescribed medications of Diclofenac Sodium, Docusate Sodium, Pantoprazole, Norco, and Zoloft, with review of urine drug screen (UDS) results at the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen (Drug Screen single drug class method):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - UDS<http://www.bcbsms.com/com/bcbsms/apps/PolicySearch/views/ViewPolicy.php?&noprint=yes&path=%2Fpolicy%2Femed%2FUrine+Drug+Testing+in+Chronic+Pain.html>.

Decision rationale: MTUS Guidelines supports the use of urine drug screening if opioid are utilized on a long-term basis. The Guidelines do not specify at what dose screening should be initiated. The ODG Guidelines provide additional details regarding the appropriate type and use of office urine drug screens. The Guidelines recommend point of services (POS) urine immunoassay drug screen panels. This testing is most useful to rule out concurrent use of illegal substances or demonstrate none use of the prescribed opioid which can be evaluated with panel testing. The medical necessity for the request for screening using a single drug class method vs. a panel method is not justified in the request and is not supported by Guidelines for most circumstances. The Retrospective request for Urine Drug Screen (Drug Screen single drug class method) is not medically necessary based on the type of test requested.