

Case Number:	CM15-0130221		
Date Assigned:	07/16/2015	Date of Injury:	11/10/2003
Decision Date:	08/19/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/06/2015

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:

The injured worker is a 52-year-old female, who sustained an industrial injury on 11/10/2003. The records submitted for this review did not include clear documentation of the initial injury or prior treatments to date. Diagnoses include lumbar disc herniation, spinal stenosis, and radiculopathy. Currently, she complained of low back pain rated 10/10 VAS and that medication were not effective in relieving the pain. Current medication included Omeprazole, Fenoprofen, Ondansetron ODT, and Senna. On 3/19/15, the physical examination documented decreased lumbar range of motion with positive facet loading and straight leg raise tests. The plan of care included prescriptions for Tramadol HCL and Cyclobenzaprine in addition to refills of previously prescribed medications. The appeal request was to authorize a urine drug screen dated 4/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, provided on April 20, 2015: 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 Opioid Management Drug Testing Page(s): 77, 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Testing.

Decision rationale: The patient presents with pain in her lower back. The request is for URINE DRUG SCREEN, PROVIDED ON APRIL 20, 2015. The request for authorization is dated MRI of the lumbar spine, 03/02/15, shows persisting relatively large broad-based subligamentous extrusion at L5-S1 crowds both subarticular gutters. There is moderate-to-moderately severe neural foraminal stenosis at L5-S1, greater right than left. There is also significant annular tearing which may contribute to pain via chemical mediators of inflammation and increased L5-S1 epidural lipomatosis. Recent treatment has included 6 sessions of physical therapy, which did not really help. She has complaints of chiropractic, which did not help. She has had 3 epidural steroid injections in the past. She has tried acupuncture. Those did not help very much. She states that medications are not effective. Medication side effects include drowsiness. She tolerates the medications well. Patient show no evidence of developing medication dependency. She still has pain symptoms on a continuous basis, but are alleviated somewhat by current medications. Patient's medications include Omeprazole, Ondansetron, Senna, Cyclobenzaprine and Tramadol. Per progress report dated 06/03/15, the patient is released to modified duty. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. In this case, the patient has been prescribed Tramadol since at least 03/19/15, which is an opiate. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request request was medically necessary.