

Case Number:	CM15-0135983		
Date Assigned:	07/24/2015	Date of Injury:	12/13/2013
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 62-year-old female patient who sustained an injury on December 13, 2013. The diagnoses include lumbar annular tear; lumbar disc protrusion; sciatica. Per the progress note dated June 17, 2015 she had complaints of lower back pain at 7/10. The physical examination revealed decreased range of motion of the lumbar spine; pain with Kemp's test; pain with straight leg raise on the right. The medications list includes neurontin, naproxen, tylenol ES and protonix. Treatments to date have included medications, imaging studies, physical therapy and acupuncture. She has had urine drug screen on 4/1/2015, 3/18/15, 9/4/14 with negative results. The treating physician documented a plan of care that included toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Chapter: Pain(updated 07/15/15) Opioids, tools for risk stratification & monitoring Urine drug testing (UDT).

Decision rationale: Toxicology. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the records provided the medications list includes neurontin, naproxen, tylenol ES and protonix. Patient had urine drug screen on 4/1/2015, 3/18/15, 9/4/14 with negative results. Any evidence that the patient had a history of taking illegal drugs or potent high dose opioids is not specified in the records provided. Per the cited guidelines, "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results." History of aberrant drug behavior is not specified in the records provided. The rationale for a repeat urine drug screen is not specified in the records provided. The medical necessity of toxicology is not established for this patient at this juncture.