MAXIMUS Federal Services

Case Number:	CM15-0137751		
Date Assigned:	07/31/2015	Date of Injury:	08/11/2010
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/16/2015

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 49-year-old male who sustained an industrial injury on August 11, 2010. A spine follow up dated April 27, 2015 reported subjective complaint of neck pain and lower back pain. Of note, on April 14, 2105 he was administered a right L4-5 transforaminal epidural steroid injection with a noted 60% relief of pain. He has improved mobility. Walking is noted better but there is still weakness in the leg. He states being able to perform light gym exercises and has been consuming les pain medication. The pain is described as a mild aching in the low back with right lateral leg pain. He states the pain is made better with medications, injections, lying down, and physical therapy. He is in need of refill for Norco and takes soma. There was noted with denials from insurance for Tramadol and Omeprazole, which he is obtaining through private insurance. He also continues with aching pain across the neck and upper trapezius with associated numbness and aching in left arm and hand. He further states that he is still receiving benefit from injection offered several months ago. Objective assessment found tenderness over the cervical and lumbar paraspinals with improved lumbar range of motion and pain. There is altered sensation in the posterior left arm and lateral right hand along digits one and two. He also has altered sensation along the lateral right leg. The impression noted the following: neck pain; cervical discogenic pain; left C7 radiculopathy; chronic low back pain; lumbar discogenic pain; right L4 and L5 radiculopathies; right S1 chronic radiculitis; cervical and lumbar myofascial pain, and chronic pain syndrome. He is to continue with medications: Norco 10mg 325mg; naproxen, Omeprazole, Soma. A urine toxicology screen from March 30, 2015 noted being consistent for history and prescriptions. He has signed an Opiate agreement. A urine toxicology screening was performed at follow up in January 2015; pending results. Of note, a letter dated February 12, 2015 reported recommendation to obtain

a second urine sample because the first test returned positive findings that were not expected and the laboratories protocol states performing a second quantitative method offering analytical specificity ruling out any false negative findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 7.21.14) assay of ethanol: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: The patient presents with pain in the neck and the low back. The request is for RETRO (DOS 7.21.14) ASSAY OF ETHANOL. Physical examination to the lumbar spine on 04/27/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was noted to be improved. Per 01/19/15 progress report, patient's diagnosis include neck pain, cervical discogenic pain, left C7 radiculopathy on electro diagnostic studies, chronic low back pain, lumbar discogenic pain, right L4 and L5 radiculopathies, right S1 chronic radiculitis, cervical and lumbar myofascial pain, and chronic pain syndrome. Patient's medications, per 10/06/14 include Norco, Naproxen, and Soma. Patient's work status is full duties. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: 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. If required, confirmatory testing should be for the questioned drugs only. The treater has not discussed this request; no RFA was provided either. Review of the medical records provided indicates that the patient is on Norco (an opioid). There are no records of a prior UDS. ODG states that once yearly screening is sufficient for "chronic opiate use in low risk patient." The request appears to be reasonable and is within the guideline recommendations and therefore, it IS medically necessary.