

Case Number:	CM15-0141514		
Date Assigned:	08/06/2015	Date of Injury:	01/07/2009
Decision Date:	09/10/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 1-7-2009. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbar degenerative disc disease, status post lumbar disc replacement in 2011, chronic low back pain, radiculitis, myofascial pain, depression, anxiety, status post bilateral carpal tunnel release, status post left cubital tunnel release, and persistent mild carpal tunnel syndrome. Currently, she complained of ongoing low back pain with radiation to the left lower extremity associated with numbness and tingling. On 5-26-15, the physical examination documented tenderness in lumbar muscles with decreased sensation and strength in the left lower extremity. The plan of care included a quantitative drug screening by LC-MS method and a high complexity qualitative urine drug screen by immunoassay method with alcohol testing, any method other than breath, performed on 5-26-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of a quantitative drug screening by LC/MS method provided on date of service 05/26/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This injured worker receives treatment for low back pain with radiation to the lower extremities. This relates back to an industrial injury on 01/07/2009. This review addresses a request for a quantitative drug screen by the LC/MS method. The patient has persisting low back pain with radiation to the left lower extremity. The patient takes Norco for the pain and omeprazole. On examination there is tenderness of the paraspinal muscles. There is a decrease in the lumbar ROM. Straight leg raising is negative. Power is 4+/5 in the left leg and 5+ on the right leg. Gait is antalgic. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.

Retrospective review of a high complexity qualitative urine drug screen by immunoassay method with alcohol testing provided on date of service 05/26/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This injured worker receives treatment for low back pain with radiation to the lower extremities. This relates back to an industrial injury on 01/07/2009. This review addresses a request for a high complexity quantitative urine drug screen by immunoassay with alcohol testing. The patient has persisting low back pain with radiation to the left lower extremity. The patient takes Norco for the pain and omeprazole. On examination there is tenderness of the paraspinal muscles. There is a decrease in the lumbar ROM. Straight leg raising is negative. Power is 4+/5 in the left leg and 5+ on the right leg. Gait is antalgic. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.