

Case Number:	CM15-0143943		
Date Assigned:	08/04/2015	Date of Injury:	08/08/2001
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/24/2015

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 59 year old male, who sustained an industrial injury on August 8, 2001, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. Magnetic Resonance Imaging of the lumbar spine revealed severe lumbar canal stenosis and severe bilateral lumbar foraminal stenosis with facet spurs with nerve compression. Electromyography studies were positive for peripheral neuropathy. Treatment included physical therapy, facet injections, neuropathic medications, pain medications, and work modifications. Currently, the injured worker complained of left low back and left hip pain. Magnetic Resonance Imaging revealed avascular necrosis of the left hip. Treatment included pain medications for relief of back and hip pain. The treatment plan that was requested for authorization included one urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Urine drug testing (UDT).

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 for Urine Drug Testing.

Decision rationale: The patient presents with left sided low back pain radiating into the left groin. The request is for 1 Urine Drug Screen. The request for authorization is not provided. The patient is status post lower back surgery, 03/25/14. MRI of the lumbar spine, 05/28/13, shows very severe L4-5 central stenosis tethering the nerve roots due primarily to facet disease; severe bilateral L4-5 and L5-S1 foraminal stenosis with facet spurs contacting the bilateral nerve roots at these levels. EMG/NCS of the lower extremities, 05/29/13, shows electrodiagnostic evidence of right L4-5 radiculopathy. There is evidence of active denervation along with evidence for chronic denervation and reinnervation. There are electrodiagnostic findings suggestive of sensory peripheral neuropathy. Physical examination reveals lumbosacral spine exhibited tenderness on palpation of the transverse process. Lumbosacral spine did not demonstrate full range of motion. Both sacroiliac joints showed tenderness on palpation. Patient's medications include Norco and Tizanidine. UDS from last visit shows ETOH. He was warned again. The patient's recent work status is not provided. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG-TWC Guidelines, Pain (Chronic) Chapter, under Urine drug testing (UDT) Section, 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. Provider does not discuss the request. In this case, the patient is prescribed Norco, which is an opiate. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.