

Case Number:	CM15-0147174		
Date Assigned:	08/10/2015	Date of Injury:	12/27/2007
Decision Date:	09/04/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 43-year-old female who sustained a work related injury December 27, 2007. While reaching over to pick up a piece of paper, she felt a snap in her lower back. Past history included status post L5-S1 anterior lumbar interbody fusion March 24, 2009. A drug screen collected June 1, 2015 is negative. According to the initial pain management evaluation dated June 1, 2015, the injured worker presented with complaints of constant low back pain, described as stabbing and severe, rated 8 out of 10, with tingling in the lower extremity to the level of the leg. Physical examination of the lumbar spine revealed tenderness, decreased range of motion, straight leg raise positive on the right side, patellar reflexes 2 out of 2 and gait antalgic. Diagnoses are failed back syndrome; status post anterior lumbar interbody fusion March 2009; lumbar disc displacement; lumbar radiculopathy; lumbar pain-nonspecific. Treatment recommendations included; electrodiagnostic studies of the lower extremities, exercise at the no pain range, acupuncture, use back brace, dispense in house and continue medication. At issue, is a request for authorization for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids" once during January-June and another July-December". The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. The medical documentation provided indicate this patient had a urine drug screen on 06/01/2015, there is no rationale provided for the additional urine drug screen. As such, the request for Urine drug screen is not medically necessary.