

Case Number:	CM15-0160797		
Date Assigned:	08/27/2015	Date of Injury:	01/26/2009
Decision Date:	09/29/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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:

This 47 year old male sustained an industrial injury to the left knee, left elbow and low back on 1-26-09. Previous treatment included physical therapy, acupuncture, epidural steroid injections, psychiatric care and medications. Documentation did not disclose recent magnetic resonance imaging. The injured worker had a history of multiple ventral hernia repairs with subsequent chronic wound infection. In a PR-2 dated 6-2-15, the injured worker complained of low back pain with radicular symptoms in both lower extremities. Physical exam was remarkable for tenderness to palpation in the lumbar spine with intact neurovascular exam and an open ventral abscess in the abdomen with tenderness to palpation. The injured worker used a cane secondary to low back pain and inability to support. Current diagnoses included lumbar spine myalgia and myospasms with neuritis. The physician noted that the injured worker would be having hernia surgery in the near future. The treatment plan included waiting for lumbar spine magnetic resonance imaging and lumbar spine x-rays and obtaining lower extremity diagnostic report. In a PR-2 dated 7-14-15, the injured worker complained of low back pain rated 6 to 8 out of 10 on the visual analog scale. Physical exam was remarkable for continuing epigastric open lesion with drainage and tenderness to palpation to the lumbar spine. Current diagnoses included osteoarthritis of left leg, lumbar spine degenerative disc disease and upper extremity radiculopathy. The treatment plan included a prescription for Naproxen Sodium and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids - drug screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic January 2009 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Drug screening is not medically necessary and appropriate.