

Case Number:	CM15-0163916		
Date Assigned:	09/01/2015	Date of Injury:	07/01/2008
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, 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:

This is a 48-year-old female patient, who sustained an industrial injury on 7-1-2008. She reported cumulative trauma injuries to the right foot, back, and upper extremity. Diagnoses include status post thoracic-lumbar fusion, status post multiple spine surgeries, residual lower extremities pain and weakness, bilateral knee ecchymosis and abrasions, anxiety, depression, and status post foot surgery. Per the doctor's note dated 8/11/15, she had complaints of pain in her mid and low back with radiation to the left lower extremity with tingling sensation. Per the doctor's note dated 7/14/15, she had complaints of low back pain with lower extremity swelling. The physical examination revealed incisions clean, dry and intact and intact neurological examination. The medications list includes norco, soma, voltaren and prilosec. She has had lumbar spine CT scan on 7/30/13 and 7/22/2015. She has undergone anterior and posterior lumbar decompression and fusion at L4-5 and L5-S1 on 3/14/2013; posterior fusion at T12-L1 on 11/20/2014. She has had activity modification, back brace, medication therapy, physical therapy, aquatic therapy and epidural steroid injections. She has had urine drug screen on 4/15/14, which was positive for hydrocodone, on 6/10/14 with negative results; on 10/14/2014 with negative results, on 1/6/15, 3/17/15 and on 5/15/15 with negative results. The plan of care included a request to authorize a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen for DOS 7/14/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 09/08/15), Opioids, tools for risk stratification & monitoring.

Decision rationale: Retrospective urine drug screen for DOS 7/14/15. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medications included norco, soma, voltaren and prilosec. Norco is an opioid and soma is a controlled substance. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. She has had last urine drug screens on 1/6/15, 3/17/15 and on 5/15/15 with negative results. The request of Retrospective urine drug screen for DOS 7/14/15 was medically appropriate and necessary for this patient at that juncture.