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| Case Number: | CM15-0166243 | | |
| Date Assigned: | 09/03/2015 | Date of Injury: | 12/19/1997 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 07/27/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70-year-old female, who sustained an industrial injury on December 19, 1997. The injured worker was diagnosed as having lumbar post laminectomy syndrome and cervical disc disorder with radiculopathy. Treatment to date has included home exercise program (HEP), acupuncture, a cane and medication. A progress note dated July 16, 2015 provides the injured worker complains of neck pain radiating to the upper extremities and back pain radiating to the left leg. Physical exam notes cervical decreased range of motion (ROM). There is lumbar tenderness to palpation, decreased range of motion (ROM), positive straight leg raise and an antalgic gait. The plan includes lab work, medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Baseline urine toxicology drug screen and Urine drug screen (UDS) every 90 days:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77-78.

Decision rationale: The claimant has a remote history of a work-related injury in December 1997 and is being treated for chronic radiating neck and radiating low back pain. Recent treatments have included injections, acupuncture, and medications. Norco is being prescribed and is providing effective pain relief. A spinal cord stimulator was unsuccessful in terms of providing pain relief. When seen, there was decreased cervical and lumbar range of motion. There were lumbar muscle spasms. There was an antalgic gait. There was facet tenderness and positive facet loading. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination that would be inconsistent with the claimant's prescribed medications. This request, which includes more than one urine drug screening per year, is not medically necessary at this time.