

Case Number:	CM15-0168972		
Date Assigned:	09/09/2015	Date of Injury:	07/20/2006
Decision Date:	10/07/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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: North Carolina

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:

The injured worker is a 60 year old, male who sustained a work related injury on 7-20-06. The diagnoses have included status post lumbar spine surgery, transition syndrome spondylolisthesis and stenosis, critical at L3-4 with radiculopathy, and bilateral shoulder musculoligamentous strain-sprain with left subacromial impingement syndrome. He is currently being treated for low back pain and right shoulder pain. Treatments in the past include opioid medications and a home exercise program. Current treatments include oral medications. Medications he is currently taking include ibuprofen and Flexeril. In the PR-2 dated 7-20-15, the injured worker reports constant low back pain with radiation to the left leg down to the foot with associated numbness and tingling sensation. He rates his pain level a 7 out of 10. He complains of constant right shoulder pain. He rates his pain level a 4 out of 10 and on a bad day, he rates the pain a 9 out of 10. His shoulder pain is made worse with overhead use. He also states he has a psychological symptom of sleeping, insomnia. He states he has heartburn, nausea, blurred vision and an unsteady gait. Objective findings show he has 4 out of 5 strength in the extensor hallucis longus and a slight sensory deficit at L5 and S1 dermatomes. MRI of lumbar spine dated 5-27-15 states an impression of "stable postsurgical changes of the lumbar spine at L3-4 and L4-5. In addition there is stable mild to moderate disc degenerative disease of the lumbar spine at L2-3, L3-4 and L4-5." He is working modified duties. The treatment plan includes a urine drug screen. The Request for Authorization, dated 7-20-15, requests a urine drug test. The Utilization Review, dated 8-7-15, states records do not show this injured worker was started on or currently takes an opioid medication. He only took ibuprofen and Flexeril. Therefore, the urine drug screen is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was not on opioids at the time of request and therefore the request is not medically necessary.