

Case Number:	CM15-0182126		
Date Assigned:	09/23/2015	Date of Injury:	10/07/2003
Decision Date:	12/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 72 year old male with an industrial injury date of 10-07-2003. Medical record review indicates he is being treated for status post multiple cervical spine surgeries, status post left shoulder subacromial decompression with acromioplasty, status post lumbar 5-sacral 1 interbody and posterolateral fusion and status post spinal cord stimulator implantation. The injured worker presented on 08-11-2015 requesting removal of spinal cord stimulator. He continued to complain of pain over the cervical and lumbar spine and experienced pain affecting lower extremities, right greater than left. The injured worker continued with Norco for moderate to severe pain and Lyrica for neuropathic pain. He rates his pain as 6 out of 10 with medications and 10 out of 10 without medications. The injured worker was noted to be awake, responsive and cooperative. The most recent drug screen is dated 05-05-2015. The results are documented as "expected with currently prescribed medications." The treating physician documented the injured worker denied any adverse side effects. "He continues to stay within his prescription guidelines." "He demonstrates no drug-seeking behavior." "He has signed a pain medication agreement." On 09-08-2015 the request for urine drug screening was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening: 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, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation ODG: Section: Pain, Topic: Urine drug testing.

Decision rationale: The injured worker is a 72-year-old male with a date of injury of 10/7/2003. The disputed request is a urine drug screen. California MTUS chronic pain treatment guidelines indicate urine drug screens for those at high risk of abuse may be at frequent and random intervals. ODG guidelines recommend individuals with low risk of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. In this case, the documentation indicates a pain contract, absence of aberrant behavior and a prior urine drug screen of 5/5/2015 that was consistent with the prescribed medications. As such a repeat drug screen is not medically necessary.