

Case Number:	CM15-0184449		
Date Assigned:	09/24/2015	Date of Injury:	05/16/2006
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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:

This is a 40 year old male whose date of injury was May 16, 2006. Medical documentation indicated the injured worker was treated for status post anterior posterior fusion at L4-L5, cervical spine sprain-strain with upper extremity radiculitis, neuropathic pain of the bilateral lower extremities, chronic back pain, bilateral sacroilitis, chronic pain syndrome, bilateral lumbar facet arthropathy, lumbar myofascial pain, right knee medial and lateral meniscus tear and right anterior cruciate ligament sprain. On August 5, 2015 the injured worker reported constant neck pain with radiation of pain to the bilateral upper extremities. The neck pain was rated an 8 on a 10-point scale (6 on 7-28-15) with medications. He reported low back pain with radiation of pain to the bilateral lower extremities and rated the pain a 4 on a 10-point scale (3-4 on 7-28-15 with medications). His current medications included Senna, Motrin, Prilosec and Norco (since at least 1-27-15). He reported that his medications provided him more than 80-90% symptomatic relief and helped increase his activities of daily living. Objective findings included lumbar range of motion with flexion to 20 degrees, extension to 5 degrees, and bilateral lateral bend to 5 degrees. Straight leg raise, Braggard's and Kemp's tests were positive on the right. He had atrophy of the right thigh and sensory examination of the lower extremities was decreased over the right L5 and S1 dermatomes. A urine drug screen was completed on August 5, 2015 which revealed results consistent with the injured worker's medication regimen. A request for authorization for prospective urine drug screen between 8-5-15 and 10-24-15 was received on August 25, 2015. On August 26, 2015, the Utilization Review physician determined prospective

urine drug screen between 8-5-15 and 10-24-15 was not medically necessary based on CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: 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, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in May 2006 and is being treated for radiating neck and radiating low back pain with a history of a lumbar fusion. Urine drug screening in March 2015 and May 2015 was consistent with the claimant's prescribed medications. Norco is being prescribed and providing significant pain relief. When seen, there was decreased lumbar range of motion with positive Braggard's, straight leg raising, and Kemp's testing on the right side. His weight was 236 pounds and weight loss was recommended. Another urine drug screening was performed. 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, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for a third urine drug screening within one year is not considered medically necessary.