

Case Number:	CM15-0185325		
Date Assigned:	09/25/2015	Date of Injury:	03/18/2014
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 48 year old male, who sustained an industrial injury on 03-18-2014. The injured worker is currently able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for lumbar disc disease and lumbar facet syndrome. Treatment and diagnostics to date has included home exercise program and medications. Current medications include Motrin. After review of progress notes dated 08-04-2015 and 08-26-2015, the injured worker reported central low back pain radiating to upper thigh rated 3-4 out of 10 on the pain scale. Objective findings included lumbar spine tenderness of paraspinal muscles with spasm, straight leg raise test with low back pain, and pain with extension. The request for authorization dated 08-04-2015 requested bilateral L3-L4 medial branch blocks and urine drug screen. The Utilization Review with a decision date of 08-31-2015 non-certified the request for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen To Monitor Adherence To Prescription Drug Treatment Regimen Related To Submitted Diagnosis Of Lumbar (Lower Back) Disc Disease And Lumbar Facet Syndrome, As An Outpatient: 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, Opioids, dealing with misuse & addiction, Opioids, indicators for addiction, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing lower back pain, fatigue, hip tingling and weakness, depressed and anxious moods, problems sleeping, muscle spasms, headaches, and problems breathing. The documentation did not record the worker was prescribed any restricted medications. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an outpatient urine drug screen to monitor adherence to the drug regimen prescribed for the treatment of lumbar disk disease and lumbar facet syndrome is not medically necessary.