

Case Number:	CM15-0188702		
Date Assigned:	09/30/2015	Date of Injury:	10/25/2000
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male who sustained an industrial injury on 10-25-2000. A diagnosis is noted as lumbalgia per a request for authorization dated 9-1-15. Previous treatment includes surgery- anterior-posterior fusion L4-5 in 2007, transforaminal epidural steroid injection L5-S1 3-23-11, 12-21-11, hardware injection, MRI-right shoulder pain; rule out rotator cuff injury, and medication. In a progress report dated 8-31-15, the physician notes complaints of back stiffness, numbness in the left leg, radicular pain in the right leg with severity rated at 7-8 out of 10. Also reported is complaint of right shoulder pain with severity rated at 7 out of 10. The physician notes he continues to note substantial benefit of the medications and he has nociceptive, neuropathic and inflammatory pain. "There is no evidence of drug abuse or diversion, no aberrant behavior observed and no adverse drug reactions reported." "Urine drug screen on 11-13-14, the most recent was within normal limits, as they all are, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing with about 55% improvement in pain prior to this incident." The physician also notes he is on the lowest effective dosing, is well below MED, and has attempted to wean medications with increased pain, suffering and decreased functional capacity. Medications are Cymbalta, Inderal, Methadone, Naprosyn, Neurontin, Norco, Terazosin, Vertifax, and Vitamin D. Neurological exam notes he has increased findings on physical exam with decreased sensation and strength. Disability status is noted as the injury is permanent and stationary per agreed medical evaluator. The treatment plan is medications, urine drug screen as routine screening for pain medication use, and aquatic

therapy. The requested treatment of a urine drug screen every 4 months was modified to twice yearly random urine drug screens on 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen every 4 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, under Urine Drug Testing.

Decision rationale: The patient was injured on 10/25/00 and presents with back pain, numbness in the left leg, and radicular pain in the right leg. The request is for a urine drug screen every 4 months as a routine screening for pain medication use. The RFA is dated 09/01/15 and the patient is permanent and stationary. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain (Chronic), Urine Drug Testing has the following: Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The patient is diagnosed with lumbalgia. As of 08/31/15, he is taking Norco, Neurontin, Naprosyn, Methadone, and Inderal. The patient had a urine drug screen conducted on 11/13/14 and 04/08/15 and was compliant with his prescribed medications. The treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no indication of any risk for any aberrant behaviors either. Given that the patient had a recent urine drug screen and was compliant with his medications, the requested urine drug screen is not medically necessary.