

Case Number:	CM15-0194757		
Date Assigned:	10/08/2015	Date of Injury:	04/03/1999
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 63-year-old female, with a reported date of injury of 04-03-1999. The diagnoses include post lumbar spine surgical syndrome, lumbosacral radiculopathy, sciatica, low back pain, status post multiple back surgeries, back and left radicular leg pain, chronic pain syndrome, and depression. Treatments and evaluation to date have included Cymbalta (current), Abilify (current), Dilaudid, MS Contin, OxyContin, Tramadol, Vicodin, Ibuprofen, Naprosyn, Neurontin, Soma, Norco (current), Tylenol with codeine, Duragesic patches, Lidoderm patches, Tizanidine, Nuvigil (current), Skelaxin, intrathecal delivery system, Toradol, physical therapy, and epidural steroid injections. There was documentation that the injured worker had a problem with prescription narcotics, so she underwent detoxification program and rehabilitation and was weaned off all narcotics. The diagnostic studies to date have included a urine drug screen on 09-10-2015 which was inconsistent for opiates. The medical report dated 09-10-2015 indicates that the injured worker reported that her pain was primarily in the low back area. It was noted that she was still hypersensitive to touch in the low back area. The pain radiated down her legs. The injured worker stated that her worse pain was 8 out of 10, her least pain was 4 out of 10, and the pain consistently ran 5-6 out of 10. Her current pain level was rated 5 out of 10. The pain was described as burning, occasional throbbing, shooting, and tight. The objective findings include: no acute distress; a well-healed midline surgical scar on the lumbar spine; hypersensitivity to touch at approximately L3-4, L4-5, L5-S1; inability to tolerate the tightest pressure of palpation; no radicular snapping band sensation; forward flexion of the lumbar spine to no less than 15 degrees; lumbar spine extension at 0 degrees with sharp exacerbation of pain; and bilateral

lumbar lateral flexion at 0 degrees. The treating physician noted that according to the CURES report, 100 Norco were dispensed on 08-18-2015. The injured worker stated that she took her last Norco on 09-07-2015. The treating physician did not expect the Norco to show up on the urine drug screen. The treatment plan included a random urine drug screen which was required with the management of her intrathecal pump. The injured worker's work status was not indicated. The treating physician requested a baseline urine drug test (date of service: 09-10-2015). On 09-28-2015, Utilization Review (UR) non-certified the request for a baseline urine drug test (date of service: 09-10-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective baseline urine drug test DOS: 09/10/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: According to the cited MTUS guidelines, frequent urine drug testing (UDT) is recommended for those at high risk of opioid abuse. The ODG states that UDT is a tool to monitor compliance with prescribed substances, identify undisclosed substance usage, and uncover diversion of prescribed substances. UDT should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Furthermore, testing should be based on the risk stratification and that low risk patients should be tested within six months of therapy start, then yearly. Injured workers with history of psychiatric disorder, history of aberrant behavior, or history of substance abuse, are considered high risk, and ongoing urine drug testing is an adjunct to monitoring along with exams and opioid pill counts. At this time, the injured worker has a complex chronic pain history with implanted intrathecal pump, oral opioids, and transition to new pain management provider. In addition, she has a history of depression and narcotic abuse with detoxification in 2007. In total, she would be considered high risk, and thus, the retrospective baseline urine drug test DOS: 09/10/2015 is medically necessary or appropriate.