

Case Number:	CM15-0195346		
Date Assigned:	10/09/2015	Date of Injury:	02/08/2012
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
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

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:

This is a 56 year old male who sustained a work-related injury on 2-8-12. Medical record documentation on 9-14-15 revealed the injured worker was being treated for lumbar spinal stenosis, post-laminectomy pain syndrome, and lumbar radiculopathy. He reported low back pain with radiation of pain down his legs. He reported that his low back pain is worse since his last visit. He reported numbness and tingling in the bilateral legs. Activity makes his pain worse and his medications made his pain better. He rated his pain without medications as a 10 on a 10-point scale and with medications a 5 on a 10-point scale. His medications included gabapentin 800 mg, Zorvolex 35 mg and they provided 50% relief in symptoms. Objective findings included 5-5 strength in the bilateral lower extremities. He had a positive straight leg raise at 30-45 degrees in the L5 distribution on the right and a positive straight leg raise at 45-50 degrees at the L5 distribution on the left. He had mild palpable spasms in the bilateral lumbar paraspinal muscles with a positive twitch response. He had an antalgic gait on the right. Previous treatment included NSAIDS, physical therapy, epidural steroid injection and lumbar surgery. He tried Tramadol and Vicodin previously. He signed a narcotic agreement and does not exhibit aberrant drug seeking behavior. His previous urine drug screen was consistent with his medication regimen. A request for urine drug screen was received on 9-17-15. On 9-24-15, the Utilization Review physician determined urine drug screen was not medically necessary.

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, Section(s): Opioids, dealing with misuse & addiction, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013 (pain).

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 Chapter under Urine Drug Screen.

Decision rationale: The 56 year old patient complains of lower back pain radiating to bilateral legs, rated at 10/10 without medications and 5/10 with medications, as per progress report dated 09/14/15. The request is for urine drug screen. There is no RFA for this case, and the patient's date of injury is 02/08/12. Diagnoses, as per progress report dated 09/14/15, included lumbar spinal stenosis, post-laminectomy syndrome, and lumbar radiculopathy. Medications included Gabapentin and Zorvolex. The patient's work status has been documented as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, criteria for use of opioids section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. 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." As per report dated 09/14/15, the patient tried Tramadol and Vicodin in the past with moderate side effects, and his MS Contin was also denied by the insurance. The patient has had urine drug screens in the past that were consistent. The patient also had "intolerable side effects" to Percocet and this medication was discontinued during the 07/20/15 visit. It appears that the patient has not taken any opioids after this. A sample for urine drug screen was also collected during this visit. The patient underwent random drug screening on 04/20/15 and 03/10/15 as well. The treater does not provide the patient's opioid risk assessment nor does the treater explain the purpose of such frequent testing. MTUS only recommends annual testing in "low-risk" patients. Additionally, the patient is not taking any opioids at this time, and MTUS only supports UDS in patients taking opioid medications. Hence, the request is not medically necessary.