

Case Number:	CM15-0196167		
Date Assigned:	10/09/2015	Date of Injury:	05/01/1998
Decision Date:	11/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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 58 year old female who sustained a work-related injury on 5-1-98. Medical record documentation on 8-25-15 revealed the injured worker was being treated for lumbar discogenic disease, failed back syndrome, right meniscal tear with bone-on-bone structure damage to the right knee, and ongoing right foot damage status post fracture, neuromas and neurectomies. Subjective findings for date of service 8-25-15 were difficult to decipher. Objective findings included a profound decreased lumbar spine range of motion with flexion to 30 degrees, extension to 10 degrees. She had pain with lumbar range of motion and radiculopathy to the right leg. She had spasm of the latissimus dorsi and could not stand on her toes. She had an antalgic gait. She had no laxity and meniscal pain with the right knee. Right knee range of motion was flexion to 165 degrees and flexion to 90 degrees. She had absent tendon reflexes of the right knee and a right-sided limp. Her medication regimen included Voltaren gel (since 5-28-15), Tramadol (since at least 4-22-15), Gabapentin (since 5-28-15), and Celebrex (since at least 4-22-15). Urine drug screens on 5-28-15 and 6-22-15 were consistent with her medication regimen and a urine drug screen on 7-22-15 revealed inconsistent findings. A request for retrospective urine drug screen was received on 9-4-15. On 9-29-15, the Utilization Review physician determined retrospective 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:

Retrospective Urine drug screening (unspecified DOS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation , Online Edition, 2015 Chapter Pain (Chronic).

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) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant has a remote history of a work injury occurring in may 1998 when she slipped on water and had low back, right leg, and right foot pain. She had spinal surgeries in January 1999 and October 2002 and had right knee surgery. In August 2015 medications included tramadol 50 mg #90, Celebrex, Voltaren gel, and gabapentin. Physical examination findings included profoundly decreased lumbar spine range of motion with pain. There was an antalgic gait. She had spasms in the latissimus dorsi muscles. There was decreased and painful right knee range of motion. She had pain and sensitivity over her ankle and foot. Diagnoses included failed back surgery syndrome, right foot damage with neuromas, and advanced osteoarthritis of the right knee. Prior urine drug screening was done in May 2015, June 2015, and July 2015. Testing in July was inconsistent with the claimant's prescribed medications, although the reason for the inconsistent result is not reported. Criteria for the frequency of urine drug screening includes an assessment of risk and should be based on documented evidence of risk stratification including use of a testing instrument. In this case, there is no evidence of risk stratification. The claimant's inconsistent urine drug screening in July 2015 was not reviewed in August 2015 and the reason for the reported inconsistent result is unknown in terms of whether a non prescribed medication was detected, there was evidence of illicit or other substance use, or whether the prescribed medication was not detected. Requesting repeated urine drug screening without an assessment of risk and review of the prior urine drug screening results is not medically necessary.