

Case Number:	CM15-0199734		
Date Assigned:	11/03/2015	Date of Injury:	10/07/2009
Decision Date:	12/14/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/12/2015

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 10-7-09. The injured worker is diagnosed with cervical spondylosis without myelopathy, myalgia and myositis (not otherwise specified), post lumbar laminectomy syndrome and encounter for long term use of other medications. A note dated 9-24-15 reveals the injured worker presented with complaints of neck and bilateral upper extremity pain, as well as low back pain with right lower extremity pain described as aching and a sharp sensation. The pain is increased by increased activity and lifting and is partially relieved by medications and injection therapy. A physical examination dated 9-24-15 revealed a mildly altered gait, there is tenderness to palpation in areas of reported pain; deep palpation elicits distal radiation of pain. There is decreased and painful range of motion, there is reduced joint stability and the plantar flexor muscles exhibit decreased strength. There are palpable tight bands and there is tenderness and spasms in the cervical paraspinal, trapezius and lumbar paraspinal regions. Treatment to date has included surgical intervention, medications; Zanaflex (discontinued) and Lyrica provide pain relief and allow him to engage in activities of daily living and experience improved function per note dated 9-24-15. A note dated 9-24-15 states the injured worker has experienced therapeutic failure with physical therapy, medications and surgery. The note further states trigger point injections provide 75% relief for months. A request for authorization dated 9-28-15 for urine toxicology screen times 3 is denied, per Utilization Review letter dated 10-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in October 2009 and continues to be treated for neck, back, arm, and leg pain. He has a history of lumbar spine surgery and diagnoses include post-laminectomy syndrome. When seen, current medications were Zanaflex and Lyrica. Medications were providing an appreciable degree of pain relief and allowing a higher degree of daily function. Physical examination findings included a body mass index over 40. He appeared to be in a significant amount of distress. There was a mildly antalgic gait. There were areas of tenderness. There was decreased range of motion. There were taut bands and muscle spasms. There was pain with rotation and extension of the spine. Trigger point injections were performed. Acupuncture and cognitive behavioral therapy treatments sessions were recommended. Authorization was being requested for urine drug screening x 3. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication and current medications are reported as effective. There are no identified issues of abuse or addiction. Urine drug screening is not medically necessary.