

Case Number:	CM15-0200932		
Date Assigned:	10/16/2015	Date of Injury:	09/06/2012
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 51-year-old male with a date of industrial injury 9-6-2012. The medical records indicated the injured worker (IW) was treated for lumbar disc displacement without myelopathy; disorders of the sacrum; sciatica; and pain psychogenic. In the notes (6-25-15, 7-27-15, 8-31-15), the IW reported lower back pain with pain, numbness and tingling in the right leg. Norco (since at least 3-2015), 1 to 2 daily as needed, was prescribed for pain, which decreased his pain from 7 to 4 out of 10. He was also prescribed Lunesta and Prozac. He denied side effects from his medications. There was no documentation of aberrant drug behavior or suspicion of abuse. The most recent urine drug screen report was dated 2-26-15; it was positive for benzodiazepine and opiates. The provider noted on 5-22-15 that this was "consistent" with the IW's prescribed Norco. In the 2-26-15 visit notes, the provider stated the CURES report showed "no inconsistencies". The 6-25-15 urine drug screen was positive for opiates and oxycodone. On examination (8-31-15 notes), muscle tone and strength was normal. Reflexes were symmetrical bilaterally and no clonus sign was present. Sensation was decreased in the L4 and right L5 dermatomes. Spasm and guarding were noted in the lumbar spine. Treatments included physical therapy (no benefit), spinal injections, aqua therapy and massage therapy (temporary benefit) and functional restoration program (with benefit). The IW was permanent and stationary with permanent disability. A Request for Authorization was received for a retrospective drug screen single drug class method for date of service 6-25-15. The Utilization Review on 9-15-15 non-certified the request for a retrospective drug screen single drug class method for date of service 6-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Drug Screen Single Drug Class Method DOS 6/25/15: 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, Opioids for chronic pain.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the documentation doesn't support that the provider is concerned regarding drug misuse or abuse. The request for UDS is not medically necessary or made.