

Case Number:	CM15-0201046		
Date Assigned:	10/16/2015	Date of Injury:	09/21/2005
Decision Date:	11/25/2015	UR Denial Date:	10/07/2015
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: 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 59 year old female with a date of injury on 9-21-05. A review of the medical records indicates that the injured worker is undergoing treatment for lower back, neck pain and headaches. Progress report dated 8-15-15 reports decreased pain in her lumbar spine rated 6 out of 10, decreased neck pain rated 5 out of 10 and her head pain is unchanged, rated 6 out of 10. She reports headaches on and off daily. The pain begins behind her eyes and she sees double vision when she looks up. Medication helps her get through the day to complete simple activities of daily living. She is requesting refill on Norco. She reports a 50 percent benefit with Norco. Objective findings: cervical spine tender to palpation with spasm, pain with range of motion, upper extremities with decreased strength, lumbar spine tender to palpation, pain with range of motion. Opioid contract signed. Treatments include: medication, acupuncture, chiropractic, disco-gram, epidural steroid injection, heat and ice treatment, massage therapy, physical therapy, TENS, and trigger point injections. Request for authorization dated 8-26-15 was made for retrospective outpatient urine drug screen date of service 8-25-15. Utilization review dated 10-7-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective outpatient urine drug screen DOS 8-25-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

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 (Chronic), Opioids, tools for risk stratification & monitoring.

Decision rationale: The claimant sustained a work injury in September 2005 due to a trip and fall and is being treated for chronic pain including a diagnosis of post-laminectomy syndrome. She has a history of cervical and lumbar fusion surgeries with subsequent hardware removals. Norco is being prescribed on a long-term basis and past medications have recently included Butrans. There is no history of substance use or alcohol abuse. When seen, she was having increased lumbar spine and neck pain and head pain that was unchanged. Medications were providing a 50% improvement. Physical examination findings included suboccipital and multilevel cervical facet tenderness. There was paravertebral and trapezius muscle spasm. Cervical spine range of motion was decreased and painful. There was multilevel lumbar facet tenderness. There were lumbar spasms. There were multiple areas of tenderness over the sacroiliac joints, greater trochanteric bursa, lumbosacral areas, and buttocks. Lumbar range of motion was decreased and painful. Right straight leg raising was positive. Fabere testing was positive bilaterally. There was an antalgic gait. There was decreased upper extremity sensation and right lower extremity strength. Urine drug screening was requested and was being done monthly. Prior urine drug screening results were not reviewed. Criteria for the frequency of urine drug screening includes an assessment of risk. In this case, there is no evidence of symptom magnification or hyperalgesia. There is no evidence of poorly controlled depression or history of alcohol or drug abuse. The claimant's prior urine drug screening results are not being reviewed and testing appears to be being done at every visit. This request for urine drug screening is not medically necessary.