MAXIMUS Federal Services

Case Number:	CM15-0208422		
Date Assigned:	10/27/2015	Date of Injury:	11/18/2009
Decision Date:	12/14/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/22/2015

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: Family Practice

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 45 year old female, who sustained an industrial injury on 11-18-2009. The injured worker was being treated for lumbar spondylosis without myelopathy, lumbar herniated disc and degenerative disc disease, and lumbago. The injured worker (6-19-2015, 8-14- 2015, and 9-11-2015) reported ongoing low back pain radiating down the left lower extremity to the ankle with numbness, tingling, and weakness in the left lower extremity. The treating physician noted continued occasional nausea and vomiting with the injured worker's current medications, but no other side effects. The physical exam (6-19-2015, 8-14-2015, and 9-11- 2015) revealed tenderness to palpation along the bilateral mid to lower lumbar paraspinal muscles and the left sacral iliac joint, inability to tolerate any active lumbar flexion, and decreased sensation to pinprick along the right L5 (lumbar 5) dermatomal distribution. The urine drug screen (4-24-2015) indicated positive results for Oxycodone, Noroxycodone, and Oxymorphone. Per the treating physician (9-11-2015 report), a quantitative urine confirmation (4-24-2015) was consistent. In addition, the treating physician noted that a urine drug screen was positive for Oxycodone and would be sent to the lab for quantitative urine confirmation. The injured worker reported last taking Percocet on the day prior. Surgeries to date have included back surgery in 2012 and lumbar fusion at L3-5 (lumbar 3-5) in 2013. Treatment has included physical therapy, acupuncture, lumbar epidural steroid injections, a single point cane, and medications including pain (Percocet), muscle relaxant, antiemetic, and hypnotic. Per the treating physician (9-9-2015 report), the injured worker's work status was per the primary treating physician. On 9-11-2015, the requested treatments included one urine drug screen and quantitative urine confirmation. On10-19-2015, the original utilization review non-certified a request for one urine drug screen and quantitative urine confirmation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen and quantitative urine confirmation: 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) 2015 Chapter: Pain Urine drug testing (UDT).

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

Decision rationale: This patient receives treatment for chronic pain involving the lower back. This relates back to an industrial injury on 11/18/2009. The patient had two lower back operations that involved a L3-L5 fusion. The medical diagnoses include failed laminectomy syndrome and opioid dependence. On exam, the lower back is tender on the paraspinal muscles and along the L SI joint. This review addresses a request for another urine drug screen and quantitative urine confirmation. The patient had one drug screen which contained oxycodone, Noroxycodone, and oxymorphone. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen and quantitative urine confirmation are not medically necessary based on the documentation.