

Case Number:	CM15-0208792		
Date Assigned:	10/27/2015	Date of Injury:	05/31/2013
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/23/2015

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: Physical Medicine & Rehabilitation

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 36-year-old male, with a reported date of injury of 05-31-2013. The diagnoses include bilateral sciatica, lumbar spine disease, lumbosacral sprain, lumbar sprain and strain, thoracic or lumbosacral radiculitis, status post L4-5 and L5-S1 posterior spinal fusion, and lumbar radiculopathy. The progress report dated 08-21-2015 indicates that the injured worker stated that the symptoms have been well managed and under control over the last month. It was noted that he had not had any severe exacerbation of symptoms. The injured worker stated that Morphine had been helpful in providing baseline pain control; however, it gave him constipation. He also stated that Cymbalta had eliminated the majority of his neuropathic symptoms; however, he had slight nausea. The injured worker continued to have pain in the low back without any radicular symptoms. It was noted that an MRI of the lumbar spine showed evidence of an extruded disc fragment. The injured worker rated his pain (07-21-2015 and 08-21-2015) 4 out of 10 with medications, and 8 out of 10 without medications. The physical examination showed a non-antalgic gait, tenderness over the lumbosacral junction, lumbar flexion at 30 degrees, lumbar extension at 15 degrees, and negative straight leg raise. The diagnostic studies to date have included a urine drug screen on 03-26-2015 with inconsistent findings for Tramadol, a urine drug screen on 06-24-2015 with inconsistent findings for hydrocodone, hydromorphone, and norhydrocodone; and a urine drug screen on 09-21-2015 with consistent findings for morphine, hydromorphone, and acetaminophen. Treatments and evaluation to date have included Tramadol, Gabapentin (discontinued since at least 05-2015), lumbar spine fusion on 04-13-2015, Percocet, Flexeril, Norco, Morphine, Cymbalta, lumbar epidural steroid injection on 10-17-2013

and 05-21-2014, six physical therapy sessions, and six acupuncture treatments. The treating physician requested one urine drug screen. On 10-02-2015, Utilization Review (UR) non-certified the request for one urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

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

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine drug screen x 1 is not medically necessary and appropriate.