

Case Number:	CM15-0211962		
Date Assigned:	10/30/2015	Date of Injury:	02/17/2006
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/28/2015

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 57 year old male who sustained an industrial injury 02-17-2006. According to a progress report dated 08-05-2015, the injured worker reported constant low back pain with radiation to the bilateral lower extremities down to the toe, left worse than right that was rated 8 out of 10. Intermittent right wrist and hand pain was rated 3 and associated with numbness and tingling sensation. The provider noted that current medications included Norco, Cymbalta, Flexeril and Omeprazole. A urine toxicology performed on 08-05-2015 was positive for Tramadol, Des-Tramadol, Hydrocodone, Norhydrocodone, Hydromorphone, and Gabapentin and was noted as consistent. According to a progress report dated 09-02-2015, the injured worker reported constant low back pain rated 8-9 out of 10 with radiation to the left lower extremity and right wrist and hand pain rated 3. He report that his low back and right wrist and hand pain felt the same since his last visit. He also reported anxiety, depression, stress and insomnia. Quality of life was limited secondary to pain. "He is not taking medication at this time." He was attending physical therapy treatment. Diagnoses included status post transforaminal lumbar interbody fusion at L3-L4 on 10-23-2014, severe chronic pain and breakthrough pain, disc herniation at L3-L4 with severe neural foraminal stenosis status post decompression at L3-L4 on 09-04-2013 with residual back pain anterior posterior fusion at L4-L5 and L5-S1 with residual chronic low back pain, sexual dysfunction, status post right wrist open reduction internal fixation with chronic pain, bilateral sacroiliitis, facet arthropathy at L3-L4 bilaterally with facet syndrome, multiple trigger points at L3-S1 bilaterally, chronic pain syndrome, left L3-L4 radiculopathy, failed back surgery syndrome, anxiety and depression due to chronic pain, neuropathic pain of the bilateral lower extremities and myofascial pain with

musculoskeletal spasm. The injured worker discontinued Flexeril. The treatment plan included Zanaflex, Ultram, Norco, and Neurontin, Cymbalta and Prilosec and a urine drug test. Work status was deferred to the primary treating physician. Follow up was indicated for 09-30-2015. A urine toxicology performed on 09-02-2015 was positive for Tramadol, Des-Tramadol, Hydrocodone, Norhydrocodone, Hydromorphone and Gabapentin and was noted as not consistent. On 09-28-2015, Utilization Review non-certified the request for retrospective final confirmation of urine drug test results performed on 09-02-2015. The request for Ultram, Norco, Neurontin and Cymbalta was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective final confirmation of urine drug test results (Performed 9/2/15): 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): 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 Retrospective final confirmation of urine drug test results (Performed 9/2/15) is not medically necessary and appropriate.