

Case Number:	CM15-0216905		
Date Assigned:	11/06/2015	Date of Injury:	02/25/2015
Decision Date:	12/18/2015	UR Denial Date:	10/24/2015
Priority:	Standard	Application Received:	11/04/2015

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 39 year old male, who sustained an industrial injury on 2-25-15. The injured worker was being treated for lumbar discogenic disease and morbid obesity. On 9-28-15, the injured worker reports pain decreased with physical therapy, however pain continues and he is not receiving therapy at this time. Work status is noted to be totally disabled until 11-1-15. Physical exam performed on 9-28-15 revealed restricted range of motion of lumbar spine, an antalgic gait and decreased pain and touch sensation in left L3 nerve distribution. Urine drug screen performed on 8-31-15 was inconsistent with medications prescribed as Tramadol and Gabapentin were not detected. Treatment to date has included physical therapy, aquatic therapy, oral medications including Norco and muscle relaxant and activity modifications. Urine toxicology screen was performed on 9-28-15. Current documentation does not include indication the injured worker is utilizing opioid medications. On 10-24-15 request for urine drug screen was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (DOS 09/28/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

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

Decision rationale: Review indicates UDS of 8/31/15 was inconsistent, not detecting the prescribed medications listed to include Tramadol, Gabapentin, and Naproxen. 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. The patient reports ongoing chronic pain requiring continued analgesics for pain relief. Although presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings, the patient had inconsistent results on UDS of 8/31/15. Additionally, submitted reports have aberrant history of unexpected results from prescribed medications with current retrospective request for UDS for date of service of 9/28/15 to be indicated despite not currently being prescribed any opiates. Current UDS request to ensure of medication compliance in accordance to CURES report is warranted as there are no recent records of any post screening after inconsistent findings. The Retrospective urine drug screen (DOS 09/28/2015) is medically necessary and appropriate.