

Case Number:	CM15-0218855		
Date Assigned:	11/10/2015	Date of Injury:	04/25/2013
Decision Date:	12/21/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 27-year-old male, with a reported date of injury of 04-25-2013. The diagnoses include herniated lumbar disc with radiculitis and radiculopathy, left greater than right, and status post epidural injection. The progress reports dated 06-12-2015 and 07-24-2015 indicate that the injured worker complained of pain in the lower back with radicular symptoms into the right leg. He stated that his symptoms were aggravated with prolonged sitting, standing, and walking. It was noted that coughing and sneezing increased the pain. The objective findings include lumbar flexion at 50 degrees; lumbar extension at 20 degrees; lumbar lateral bending to the right at 20 degrees; lumbar lateral bending to the left at 20 degrees; positive bilateral straight leg raise at 75 degrees; tightness and spasm in the lumbar paraspinal musculature bilaterally; hypoesthesia (reduced sensation) along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level, bilaterally; and weakness with big toe dorsi flexion and picked to plantar flexion, bilaterally. There was documentation that MRI scans of the lumbar spine showed evidence of degenerative lumbar disc disease with herniated nucleus pulposus at the L3-4 and L4-5 levels; and electrodiagnostic studies showed radicular findings. The injured worker's work status was noted as total temporary disability. The diagnostic studies to date have included a urine drug screen on 09-11-2015 with negative findings; a urine drug screen on 06-12-2015 with negative findings; and a urine drug screen on 05-01-2015, which was positive for Lorazepam. Treatments and evaluation to date have included acupuncture, lumbar epidural steroid injection at L3-4 and L4-5 with no lasting relief from pain, Norco (since at least 05-2015), Voltaren (since at least 05-2015), Prilosec, and physiotherapy. The treating physician requested one quantitative chromatography test. On 10-12-2015, Utilization Review (UR) non-certified the request for one quantitative chromatography test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative chromatography test: 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), Pain. UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, quantitative chromatography test is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are herniated lumbar disc with radiculitis/radiculopathy left than right; status post epidural injection with no lasting relief. Date of injury is April 25, 2013. Request authorization is September 15, 2015. The most recent progress note in the medical record is July 24, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization September 15, 2015. According to a July 24, 2015 progress note, subjective complaints include low back pain that radiates to the right lower extremity. Objectively there is decreased range of motion lumbar spine with positive straight leg raising bilaterally and tenderness and spasm. The treating provider ordered laboratories including a repeat lumbar ESI and a UA. The injured worker had three prior urine drug screens starting May 1, 2015, June 12, 2015 and September 11, 2015. The latter #2 urine drug screens were negative with no medications declared. There is no clinical indication or rationale for a urine drug toxicology screen (quantitative chromatography) in the medical record progress note. Medications include Norco, diclofenac and Prilosec. There was no documentation indicating aberrant drug-related behavior, drug misuse or abuse. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, quantitative chromatography test is not medically necessary.