

Case Number:	CM15-0220678		
Date Assigned:	11/16/2015	Date of Injury:	08/07/2014
Decision Date:	12/23/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/10/2015

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: North Carolina

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 29 year old male who sustained an industrial injury on August 07, 2014. The worker is being treated for: lumbar myospasm; lumbar radiculopathy; lumbar strain and sprain; sleep disturbance, anxiety and acute stress disorder. Subjective: October 09, 2015 he reported constant moderate dull achy low back pain stiffness and heaviness. Objective: October 09, 2015 noted the lumbar spine with palpable tenderness at paravertebral muscles and spinous processes with note of muscle spasm of the paravertebral muscles. Diagnostic: MRI lumbar spine 2014, EMG NCV January 2015. Medication: August 2015: Solaice pain patch, Omeprazole, and Ibuprofen. July 2015, October 2015: noted refer to UDS; Omeprazole, Flexeril and Ibuprofen. Treatment: October 09, 2015 noted POC to involve acupuncture, chiropractic session and physiotherapy treating the lumbar spine, pain management received total of 4 injections, temporarily totally disabled, reported three injections, modified work duty, course of PT, lumbar traction. On October 09, 2015 a request was made for UDS that was non-certified by Utilization Review on October 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 10/06/15) 1 Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was not on opioids at the time of request and not showing aberrant behavior and therefore the request is not medically necessary.