

Case Number:	CM15-0222047		
Date Assigned:	11/17/2015	Date of Injury:	05/28/2014
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/12/2015

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 30 year old female, who sustained an industrial injury on 05-28-2014. She has reported injury to the neck and low back. The diagnoses have included chronic pain syndrome; lumbar radiculopathy; lumbar disc herniation; chronic musculoligamentous strain, lumbar spine; chronic musculoligamentous strain, cervical spine; left knee pain; facial and truncal dermatitis; and anxiety and depression related to chronic pain syndrome. Treatment to date has included medications, diagnostics, activity modification, chiropractic therapy, and epidural steroid injection. Medications have included Dilaudid, Dendracin lotion, Lorazepam, Promolaxin, and Prilosec. A progress report from the treating physician, dated 10-12-2015, documented an evaluation with the injured worker. The injured worker reported low back and bilateral leg pain; there is a constant aching, burning pain across both sides of the low back, radiating down the back and sides of both legs all the way to the calves and feet; associated numbness and tingling of the legs; the pain is rated at 7-8 out of 10 in intensity without medication; without medication, she has difficulty with activities of daily living; neck and upper extremity pain; the pain radiates into the shoulder area; facial and truncal dermatitis; anxiety; insomnia; constipation; and intermittent pain in the stomach. Objective findings included decreased cervical spine range of motion; the right erector capitis and trapezius muscles are moderate to severely tender; thoracic paraspinous muscles have mild tenderness; lumbar spine range of motion is decreased; the lumbar, paravertebral, and gluteal muscles are tender to palpation bilaterally; straight leg raising test is positive on the right and left; decreased range of motion of the right shoulder with tenderness; persistent sensory deficits over the left L4, left L5,

and left S1 dermatomes, 4 out of 5 compared to the right; and persistent weakness of the left gastrocnemius, anterior tibialis, and extensor hallucis longus on the left at 4 out of 5. The treatment plan has included the request for one urine drug screen and one follow up office visit. The original utilization review, dated 10-16-2015, non-certified the request for one urine drug screen and one follow up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

MAXIMUS 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 Chapter under Urine Drug Screen.

Decision rationale: The 30 year old patient complains of persistent low back pain and bilateral leg pain with numbness and weakness, left knee pain, new onset of neck and shoulder pain, facial dermatitis, truncal dermatitis, anxiety, insomnia, constipation, new onset of dyspareunia, and hair loss, as per progress report dated 10/12/15. The request is for One urine drug screen. There is no RFA for this case, and the patient's date of injury is 05/28/14. Diagnoses, as per progress report dated 10/12/15, included chronic pain syndrome secondary to lumbar radiculopathy due to L4-5 disc herniation, chronic pain syndrome secondary to musculo-ligamentous strain of the lumbar spine, chronic pain secondary to musculoligamentous strain of the cervical spine, left knee pain consistent with subacute tendonitis and bursitis, constipation secondary to opioid use, facial and truncal dermatitis, Alopecia, anxiety and depression, dyspareunia, GERD related to oral pain medication use, history of chest pain, and recent onset of urinary tract infection. Medications include Hydromorphone, Dendracin pain lotion, Promolaxin, Omeprazole, and Lorazepam. Diagnoses, as per chiropractic report dated 09/30/15, included multi-level lumbar disc syndrome, right leg radicular neuralgia, and cervical sprain/strain. The patient is temporarily totally disabled, as per progress report dated 1/12/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, Criteria for Use of Opioids Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient is taking Hydromorphone, an opioid medication. The current request for urine toxicology screening is

noted in progress report dated 10/12/15. None of the progress reports available for review indicate the date or the results of prior random urine drug screening. However, in the report dated 10/12/15, the treater indicates that the patient is at "low risk for opioid misuse or abuse." MTUS only allows for annual testing in low-risk patients. Given the lack of relevant documentation regarding prior testing, the request for a UDS is not medically necessary.

One follow up office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127.

Decision rationale: The 30 year old patient complains of persistent low back pain and bilateral leg pain with numbness and weakness, left knee pain, new onset of neck and shoulder pain, facial dermatitis, truncal dermatitis, anxiety, insomnia, constipation, new onset of dyspareunia, and hair loss, as per progress report dated 10/12/15. The request is for One follow up office visit. There is no RFA for this case, and the patient's date of injury is 05/28/14. Diagnoses, as per progress report dated 10/12/15, included chronic pain syndrome secondary to lumbar radiculopathy due to L4-5 disc herniation, chronic pain syndrome secondary to musculo-ligamentous strain of the lumbar spine, chronic pain secondary to musculoligamentous strain of the cervical spine, left knee pain consistent with subacute tendonitis and bursitis, constipation secondary to opioid use, facial and truncal dermatitis, Alopecia, anxiety and depression, dyspareunia, GERD related to oral pain medication use, history of chest pain, and recent onset of urinary tract infection. Medications include Hydromorphone, Dendracin pain lotion, Promolaxin, Omeprazole, and Lorazepam. Diagnoses, as per chiropractic report dated 09/30/15, included multi-level lumbar disc syndrome, right leg radicular neuralgia, and cervical sprain/strain. The patient is temporarily totally disabled, as per progress report dated 1/12/15. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, a request for follow-up "to assess functional status and renew medications" is noted in progress report dated 10/12/15. The patient is complaining of chronic pain in multiple body parts, and may benefit from additional visits. Hence, the request for a pain management follow-up appears reasonable and is medically necessary.

