

Case Number:	CM15-0038235		
Date Assigned:	03/06/2015	Date of Injury:	02/27/2009
Decision Date:	04/14/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	02/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 34-year-old male, with a reported date of injury of 02/27/2009. The diagnoses include left L5-S1 herniated nucleus pulposus, status post left L5-S1 decompression, lumbar degenerative disc disease, lumbar spine strain, left L5-S1 recurrent herniated nucleus pulposus, and status post revision decompression. Treatments have included physical therapy, oral medications, an MRI of the lumbar spine on 03/15/2012 and 07/03/2013, x-rays of the lumbar spine, and an MRI of the left hip on 06/02/2014. The progress report dated 02/13/2015 indicates that the injured worker continued to have hip pain, and the pain had worsened. The injured worker rated his hip pain 4-5 out of 10. He continued to have low back pain and left lower extremity numbness and tingling. The objective findings include a normal reflex of the bilateral upper and lower extremities, negative straight leg raise test, a normal gait, no lumbar tenderness, tenderness over the left trochanteric, and lumbar spine range of motion decreased 20%. The treating physician requested an outpatient retrospective qualitative drug screen full panel (date of service: 02/13/2015) to be done prior to providing medications to minimize the potential for the abuse and diversion of controlled substances; and Lidoderm 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient retrospective qualitative (QW) drug screen full panel (DOS 2/13/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for retrospective qualitative (QW) drug screen full panel is not medically necessary.

Lidoderm 5% patch Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin". In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch is not medically necessary.