

Case Number:	CM15-0052518		
Date Assigned:	03/26/2015	Date of Injury:	01/26/2009
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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: Arizona, Texas

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 57 year old female, who sustained an industrial injury on January 26, 2009. The injured worker was diagnosed as having displacement of the lumbar disc without myelopathy, degeneration of the lumbar disc, cervicgia, lumbago, and degeneration of the cervical disc. Treatment to date has included epidural steroid injections (ESI) and medication. Currently, the injured worker complains of neck pain and low back pain. The secondary Treating Physician's report dated January 22, 2015, noted the injured worker reporting recently developed vertigo, possibly from an ear infection, causing her to fall twice, exacerbating her back. The injured worker reported a L5-S1 epidural steroid injection (ESI) on December 5, 2014, helped about 75% up until a week ago when she fell down. Current medications were listed as Hydrocodone/APAP, Citalopram, Estradiol, and Xanax. Physical examination was noted to show tenderness in the paravertebral muscles of the lumbar spine, tenderness at the right more than left sciatic notches, and tenderness over the posterior right thigh along the course of the sciatic nerve. The treatment plan included maintaining the Hydrocodone/APAP, proceeding with spine consultation, request for authorization for blood draws to determine if serum opiate levels are within the expected steady state range and to ensure compliance with the opioid agreement, proceeding with appropriate toxicology testing, and return to the clinic in one month for pharmacological re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum drug screen 4 times per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the documentation doesn't support that the provider is concerned regarding misuse or abuse of opioid medication. There is no history of inconsistent UDS. The request is not medically necessary.