

Case Number:	CM15-0084761		
Date Assigned:	05/07/2015	Date of Injury:	09/27/1991
Decision Date:	06/10/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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:

This 55 year old female sustained an industrial injury to the low back and bilateral knees on 9/27/91. Recent treatment consisted of medications. In a pain management reevaluation dated 3/4/15, the injured worker complained of ongoing low back pain with radiation to bilateral hips, bilateral knee pain and abdominal pain. The injured worker reported that she saw a general surgeon about her abdominal pain who felt that the pain was most likely caused by nerve damage. The injured worker reported that she had never tried Neurontin but had taken Lyrica from an old prescription from time to time. The injured worker reported that she had been getting by with Norco as her pain reliever because Oxycontin had not been authorized. In a pain management reevaluation dated 4/2/15, the injured worker reported that her low back was the same. The injured worker reported that Neurontin was not helping and made her feel loopy. Current diagnoses included lumbar spine radiculopathy, status post lumbar fusion, chronic pain syndrome, failed back syndrome, lumbago, myofascial syndrome, status post right knee surgery and chronic pain related insomnia. The treatment plan included a urine drug screen, requesting authorization for the NESP-R program for detoxification, discontinuing Neurontin and continuing medications (Percura, Trepadone and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: The patient presents on 04/02/15 with lower back pain rated 3/10 with medications and 9-10/10 without medications. The patient's date of injury is 09/27/91. Patient is status post lumbar spinal fusion at unspecified levels on 07/01/09. The request is for URINE DRUG SCREEN. The RFA is dated 04/02/15. Physical examination dated 04/02/15 does not include any specific physical findings, only a discussion of activities which illicit pain and medication efficacy. The progress note is hand-written and poorly scanned, some sections are illegible. The patient is currently prescribed Percura, Trepadone, and Norco. Diagnostic imaging was not included. Patient's current work status is not provided. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In this case, the provider is requesting a UDS to ensure that this patient is compliant with her narcotic medications. Progress note dated 04/02/15 indicates that this patient had a urine drug screen conducted on 03/09/15 which was consistent with her prescribed medications. There is no discussion of aberrant behavior or any indication in the progress notes that this patient is considered "high risk." More frequent screening is not supported by guidelines without prior UDS inconsistencies, displays of aberrant behavior, or suspected drug diversion. Therefore, the request IS NOT medically necessary.