

Case Number:	CM15-0085675		
Date Assigned:	05/07/2015	Date of Injury:	11/30/1995
Decision Date:	06/15/2015	UR Denial Date:	04/16/2015
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, 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 61 year old female, who sustained an industrial injury on 11/30/95. The injured worker was diagnosed as having chronic pain syndrome, degenerative lumbar /lumbosacral intervertebral disc disease, displaced lumbar intervertebral disc, spinal stenosis lumbar region and thoracic lumbar neuritis/radiculitis. Treatment to date has included oral medications including Exalgo, Gabapentin, Oxycodone and Robaxin, bilateral L4-5 and L5-S1 selective nerve block and selective epidural steroid injection and intramuscular injections. Currently, the injured worker complains of heavy, sharp, burning, stabbing, and cramping lumbar spine pain and bilateral leg pain unchanged since previous visit. Physical exam noted slow antalgic gait, paraspinal lumbar tenderness and limited lumbar flexion and extension. The treatment plan for the date of service 1/20/15 included refilling medications, bilateral lumbar radiofrequency ablation and in office Toradol 30 mg intramuscular injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient UDS times 4 per year, Urine dip stick four (4) times per year, Creatinine Oth Src four (4) times per year, PH body fluid nos four (4) times per year, Spectrophotometry four (4) times per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (UDT).

Decision rationale: CA MTUS recommends urine drug screening (UDS) for patients receiving chronic opioids, but is silent as to the frequency of such testing. The ODG recommends annual UDS for patients determined to be at low risk for opioid addiction or aberrant behavior. The documentation submitted does not indicate that the patient is moderate or high risk, requiring frequent UDS. No risk factors are documented which would support the medical necessity of quarterly drug testing in this low risk patient. Thus the request is deemed not medically necessary or appropriate.