

<b>Case Number:</b>	CM15-0088719		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	02/23/1998
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old female who sustained an industrial injury on 02/23/1998. The injured worker was diagnosed with failed back syndrome, lumbago and thoracic/lumbosacral neuritis/radiculitis. The injured worker is status post lumbar discectomy in 1997 (non-industrial), L4-S1 fusion in 2000, removal of hardware in 2003 and spinal cord stimulator (SCS) placement in 2008. Treatment to date includes diagnostic testing, spinal cord stimulator (SCS), physical therapy, home exercise program, lumbar epidural steroid injections and medications. According to the primary treating physician's progress report on February 24, 2015, the injured worker continues to experience chronic low back and right hip pain. The injured worker uses her spinal cord stimulator (SCS) 100% of the time. The injured worker rates her pain level at 10/10 without medications and 1/10 with medications currently at 3/10. Examination of the lumbar spine demonstrated decreased range of motion with positive right straight leg raise and negative Patrick's maneuver. No paraspinal muscle spasm was evident. Motor and sensory were decreased at the L4-L5 distribution. Gait was normal. Current medications are listed as Paxil, Clonazepam and Oxycodone 15mg. Treatment plan consists of medication regimen, moist heat, and stretching, home exercise program and the current request for urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** The claimant sustained a work injury and February 1998 and continues to be treated for chronic low back pain including a diagnosis of failed back surgery syndrome. Treatments have included a spinal cord stimulator and oxycodone being prescribed on a long-term basis. When seen, there had been a slight increase in pain. Medications were providing pain relief and allowing for improved function. Physical examination findings included decreased lumbar spine range of motion with positive seated right leg raise. There was decreased right lower extremity strength and sensation. Oxycodone was refilled and urine drug screening was performed. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior 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, there is no evidence of urine drug screening within the previous year and therefore the request was medically necessary.