

Case Number:	CM15-0089379		
Date Assigned:	05/13/2015	Date of Injury:	08/28/2006
Decision Date:	06/17/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	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: California

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 70-year-old male, who sustained an industrial injury on August 28, 2006. He reported driving a truck and being rear-ended by another truck, with pain in his chest from the seat belt, and pain in his knees from them hitting the steering wheel. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, left sacroiliac joint sprain/strain, and status post bilateral knee arthropathy. Treatment to date has included x-rays, bilateral knee arthroscopic surgery, physical therapy, psychiatric care and treatment, TENS, chiropractic treatments, home exercise program (HEP), MRI, and medication. Currently, the injured worker complains of pain in the low back that goes down to the left leg to the knee, with the leg getting numb and tingly, and bilateral knee pain with weakness. The Treating Physician's report dated March 4, 2015, noted the injured worker with an antalgic gait to the left. Physical examination was noted to show diffuse tenderness over the lumbar paravertebral musculature, moderate facet tenderness over the L4-S1 spinous processes, and left sacroiliac tenderness. Sensory examination was noted to be decreased in the left L3, L4, and L5 dermatomes. The lumbar spine MRI was noted to show multilevel degenerative disc disease. The treatment plan was noted to include a request for authorization for a left L3-l4 and left L4-l5 transforaminal epidural steroid injection (ESI), with continuation of the injured worker's current medications including Norco, a urine toxicology screening to establish a baseline, ensure compliance of medications, and ensure the injured worker was not taking medications from multiple sources or illicit drugs, and continuation of the use of the TENS unit.

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 Opioids: steps to avoid misuse Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 76-79, 99.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. The notes indicate that the patient is treated with ongoing opioid regiment with Ultram. Within the documentation available for review, the patient had a urine drug screen on 2/10/2015 indicating compliance with medication. The provider has recently performed a risk assessment with SOAP-R risk score of 19, which puts the patient at the high-risk category. Monthly urine drug screen is appropriate for high-risk patients. As such, the currently requested urine drug screen is medically necessary.