

Case Number:	CM14-0003002		
Date Assigned:	01/29/2014	Date of Injury:	04/05/2011
Decision Date:	06/19/2014	UR Denial Date:	12/29/2013
Priority:	Standard	Application Received:	01/08/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old who has submitted a claim for multilevel cervical spondylosis, and status-post lumbar laminectomy associated with an industrial injury date of April 5, 2011. Medical records from 2012 to 2014 were reviewed showing that patient complained of chronic neck and back pain, graded 9/10 in severity, relieved upon intake of medication. Physical examination revealed tenderness and positive trigger points at paralumbar muscles. Range of motion of the cervical and lumbar spine was restricted and painful. Motor strength of the left lower extremities was graded 4+/5. Hyporeflexia was noted at both ankles. Sensation was intact. Treatment to date has included lumbar epidural steroid injection, physical therapy, left-sided hemilaminectomy at L2-3 with discectomy and bilateral foraminotomies and laminectomies at L3-L4, and L4-L5 in November 2, 2011, and acupuncture. Current medication includes Norco. Utilization review from December 28, 2013 denied the retrospective request for one six-panel urine drug screen on December 9, 2013, because a previous urine drug screen was already accomplished on August 20, 2013 with consistent results. There were no outstanding risk factors for frequent monitoring of drug use.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FOR ONE 6-PANEL URINE DRUG SCREEN BETWEEN 12/9/2013 AND 12/9/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHRONIC USE OF OPIOIDS CHAPTER, URINE DRUG SCREENING FOR PATIENTS PRESCRIBED OPIOIDS FOR CHRONIC PAIN,

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. It is indicated for all patients on chronic opioid use for chronic pain. Screening is recommended randomly at least twice and up to four times a year. In this case, the earliest progress report documenting opioid use was dated 2012. Patient has been on regular urine drug screen with the most recent accomplished on August 20, 2013 revealing consistent result with the prescribed medication. There is no discussion concerning high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use. The medical necessity for a repeat drug screen on December 9, 2013 has not been established. The request for one six-panel urine drug screen, performed on December 9, 2013, is not medically necessary or appropriate.