

Case Number:	CM14-0124163		
Date Assigned:	09/25/2014	Date of Injury:	08/18/2002
Decision Date:	10/27/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 66-year-old male who reported injury on 08/18/2002. He reported while he was working as a sheriff in [REDACTED], he had reportedly been in the vicinity of various loud noises, including helicopter. He sustained loss of hearing in the left ear. The injured worker's treatment history included medications, physical therapy, oral medications and TENS unit. Evaluated on 08/19/2014, it is documented the injured worker complained of low back pain rated at 4/10, and the left knee pain rated at 0/10. It was documented the injured worker had a trial of Celebrex 200 mg for 2 weeks and noticed significant decrease in left knee and low back pain such that the injured worker was able to perform increased activities of daily living. The injured worker reported the medication was without adverse side effects of gastric distress or lack of efficacy noted with prior NSAIDs including ibuprofen, naproxen, Diclofenac, and meloxicam. During this period, the injured worker did not require any tramadol for the incident pain increase. Physical examination revealed examination of the thoracolumbar spine and lower extremities revealed right straight leg raise test was positive on the right at 60 degrees for mild right leg radiating pain. Sensory testing was normal to light touch. Motor testing showed 4/5 weakness of the right ankle flexion, 4/5 weakness for right extensor hallucis longus, 4/5 weakness of right ankle extension, 4/5 weakness of right ankle extension, and 4/5 weakness of right foot eversion. Marked tenderness was noted on the right greater than left sacroiliac ligament. Bilateral step testing showed no sacroiliac joint "hypo mobility". Marked tenderness was noted over the bilateral L5-S1 facet joints. PA loading the L5 vertebral area provoked concordant low back pain. Diagnoses included low back pain, lumbosacral spondylosis, L5-S1 disc protrusion with bilateral recess stenosis, right L5 radiculopathy mild and stable, bilateral sacroiliac ligament enthesopathy, status post 3 left knee arthroscopic procedures and left knee

arthralgia. Medications included Fentanyl patches and Gabapentin. The Request for Authorization was not submitted for this review.

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 Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines-Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for the random urine screening is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence& addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The provider indicated the urine drug screen was for medication compliance however there was no indication how long injured worker has been on opioids. The guidelines recommends one urine drug test a year. Given the above, the request for urine drug screen is not medically necessary.