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| Case Number: | CM14-0130360 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 09/01/2010 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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 Maryland. 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 employee was a 42-year-old gentleman who sustained an industrial injury on 9/1/10. The mechanism of injury seems to be cumulative injury to his knee, back and hip. His medical history included hypertension, hyperlipidemia, deep venous thrombosis of right leg and hypothyroidism. MRI of the lumbar spine on 4/5/14 showed minimal annular fissure at the L5-S1 level with no disc protrusion and no canal or nerve root compromise. His prior procedures included right knee surgery in 94, right hip arthroscopy in 2012, left hip arthroscopy with labral repair, femoral neck resection with chondroplasty in 2012 and right knee arthroscopic chondroplasty of patellofemoral joint in 2013. His treatment also included physical therapy, nerve blocks at L4-L5 and L5-S1, psychotherapy, chiropractic therapy, home exercise program and activity modification. His prior urine drug test had been performed on 1/15/13, 8/6/13 and 11/18/13 showing consistent results with the prescribed medications. He was seen by a pain management consultant on 7/11/14. He had complaints of mid back pain as well as low back pain. He described the pain as constant, moderate to severe, radiating to bilateral gluteus muscles with stiffness, worse in the morning. Medications at the time included diclofenac, levothyroxin, omeprazole, hydrochlorothiazide, citalopram, lorazepam and gemfibrozil. Examination was remarkable for diffuse lumbar paraspinal muscle tenderness and mild facet tenderness. He also had positive straight leg raising test bilaterally. His diagnoses included status post hip arthroscopy, status post right knee arthroscopy, lumbar disc disease, posterior annular tear at L5-S1. Treatment recommendations included bilateral L5-S1 transforaminal epidural steroid injections given the radicular symptoms on physical exam. He was noted to have failed conservative treatment. He was started on Norco 5/325 mg one b.i.d. #60. A urine drug screen was requested. Also reviewed was a denial appeal letter dated August 8, 2014 from the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 77, 78.

Decision rationale: The employee was being treated for low and mid back pain. His diagnoses included status post hip arthroscopy, status post right knee arthroscopy, lumbar disc disease, posterior annular tear at L5-S1. He had urine drug tests in 2013 which were consistent with prescribed medications. There were no documented urine drug tests in 2014. He was started on Norco 5/325mg #60 on 07/11/14 and a urine drug screening was requested. According to MTUS Chronic Pain Guidelines, random urine drug screenings are recommended for patients who are at high risk for drug abuse, as a step to take before therapeutic trial of opioids and for ongoing management of patients on opioids. The MTUS guidelines recommend obtaining drug tests intermittently while on Opioids. But the MTUS does not address the frequency with which testing should be done. The ACOEM guidelines recommend urine drug screenings up to 4 times a year while on Opioids as well as "for cause" like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. Since the employee had not had a urine drug testing in 2014 and since he was being started on Norco, the request for urine drug testing is medically necessary and appropriate.