

Case Number:	CM14-0139250		
Date Assigned:	09/05/2014	Date of Injury:	03/25/2007
Decision Date:	10/29/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 60-year-old gentleman with a date of injury of 03/25/2007. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 01/23/2014 and 07/02/2014 and a letter appealing a prior utilization review by [REDACTED] dated 12/09/2013 indicated the worker was experiencing lower back pain, leg pain, fatigue, weakness, and problems sleeping. Documented examinations consistently described a painful walking pattern, abnormal heel-toe walking, tenderness in the lower back and where the spine and pelvis join, decreased motion in the lower back joints, and decreased strength and feeling in the back and side of the lower legs and part of both feet. The submitted and reviewed documentation concluded the worker was suffering from L4 and L5 compression and sensation, a lower back bulging disk with radiculopathy, and on-going back strain. [REDACTED] note dated 01/23/2014 summarized a urine test from 09/20/2013 as showing the presence of several opioids in the urine as expected. However, this summarized description did not mention the presence or absence of the prescribed benzodiazepine medication or illicit, and the report was not submitted for review. Treatment recommendations included continued oral medications, urine monitoring, and follow up care. A Utilization Review decision by [REDACTED] was rendered on 08/12/2014 recommending non-certification for a urinalysis as part of restricted medication monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urinalysis (DOS: 7/2/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Misuse of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80; 94-95..

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications as part of a pain control care plan. The Guidelines support the use of random urinary drug screen testing as one of several important steps to avoid misuse of these medications and/or addiction. The treatment plans documented by [REDACTED] in his office visit notes dated 01/23/2014 and 07/02/2014 indicated the worker was being prescribed at least two controlled medications, an opioid and a muscle relaxant, as part of his pain control regimen. [REDACTED] note dated 01/23/2014 summarized a urine test from 09/20/2013 as showing the presence of several opioids in the urine as expected. While this summarized description did not mention the presence or absence of the prescribed benzodiazepine medication or illicit and the report was not submitted for review, twice yearly random urine drug screen testing would not be unreasonable, even in the setting of lower risk. Based on the submitted and reviewed documentation, the current request a urinalysis as part of restricted medication monitoring is medically necessary.