

Case Number:	CM13-0027374		
Date Assigned:	01/10/2014	Date of Injury:	11/20/2003
Decision Date:	05/27/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 55 year old female, who sustained an industrial injury on November 20, 2003. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having postlaminectomy syndrome lumbar region, lumbosacral spondylosis without myelopathy, lumbago, displacement of cervical intervertebral disc displacement without myelopathy, and cervicalgia. Diagnostics to date has included urine drug screening, MRI, CT, and x-rays. Treatment to date has included psychotherapy, physical therapy, home exercise program, spinal cord stimulator implantation, trigger point injections, a quad cane, activity modifications, work modifications, and short-acting and long acting opioid, anti-epilepsy, antidepressant, benzodiazepine, and non-steroidal anti-inflammatory medications. On August 8, 2013, the injured worker complains of progressive back pain with intermittent bilateral lower extremities radicular pain. She has weakness and falling episodes. Her pain is rated 9/10. Her spinal cord stimulator helps to some extent. The physical exam revealed a normal affect, depressed, an analgesic gait and walking with a cane, tenderness of the lumbar paraspinal process at lumbar 1 and the transverse process on the bilateral lumbar 1, right paraspinal region tenderness at lumbar 1 and the iliolumbar region, and pain with range of motion. There was normal motor strength of the bilateral lower extremities. The left leg reflexes were absent in the left lower extremity and the sensation was decreased on the sole of left foot and left lateral leg. The treatment plan includes a routine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

A routine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case, the documentation doesn't support that there is any concern for drug abuse or misuse. The urine toxicology is not medically necessary.