

Case Number:	CM14-0219305		
Date Assigned:	01/09/2015	Date of Injury:	01/13/2012
Decision Date:	03/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 1/13/2012. The injured worker was seen 10/22/2014 has pain in the lumbar region described as a constant ache at 4/10. Work status was documented as working part time light duty. The injured worker reports significant improvement of his pain with the lumbar facet joint injection with greater than 60% improvement in his pain and function, being able to ambulate longer and trying to loose weight. Physical examination noted that the injured worker had lumbar spine tenderness, lumbar paraspinal tenderness, and lumbar facet tenderness at L4-S1, positive lumbar facet loading maneuvers and straight leg raising was within normal limits. The documentation noted that the injured worker had failed multiple conservative therapies including physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Transcutaneous Electrical Nerve Stimulation (TENS) unit and various medication trials for greater than 6 months without benefits. Current medications were documented as norco, tramadol, naproxen, norflex and ambien. The medication list dated 1/14/15 and on 10/22/14 include Norco, Celebrex, Tramadol, Naproxen, Norflex and Ambien. Diagnosis of chronic pain syndrome, spinal enthesopathy, lower back pain and fasciitis, unspecified. Rapid drug screen was completed. He has had a urine drug toxicology report on 11/20/14 and on 10/27/14 that was positive for Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 10/27/14) comprehensive Urine Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guideline.

Decision rationale: Request: Retrospective (DOS 10/27/14) comprehensive Urine Drug Screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment". Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. "Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Norco and Ambien which are controlled substances. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The Retrospective (DOS 10/27/14) comprehensive Urine Drug Screen is medically necessary and appropriate in this patient.