MAXIMUS Federal Services

Case Number:	CM15-0109098		
Date Assigned:	06/16/2015	Date of Injury:	12/10/2006
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/08/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50 year old male, who sustained an industrial injury on 12/10/2006. Diagnoses include lumbar spinal stenosis status post thoracolumbar fusion T6 through L1, lumbar radiculopathy, history of cauda equina syndrome without neurogenic bladder, complex chronic pain syndrome and situational depression due to chronic pain. Treatment to date has included surgical intervention (extensive thoracic fusion from T6-L1 and emergent lumbar decompressive surgery due to cauda equina syndrome (undated) and medication's including Lexapro, Lyrica, Butrans patch and Norco. Per the Primary Treating Physician's Progress Report dated 5/05/2015, the injured worker reported increased neuropathic pain in the lower extremities. He admits he has been walking more and has been participating in weight loss efforts. He remains symptomatic with thoracic and lumbar pain. He has increased burning electrical pain over the lateral thighs to the point where at times it causes pruritus. Physical examination of the lumbar spine revealed flexion at 45 degrees, extension at 15 degrees, and left and right lateral bending at 15 degrees. Lower extremity exam showed hypesthesias in the bilateral lateral calf regions and at a lesser degree over the posterior aspects. Positive straight leg raise bilaterally at 45 degrees. The plan of care included medications and diagnostics and authorization was requested for Lyrica 100mg #90, Lexapro 10mg #30, Meloxicam 15mg #30 and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening: Upheld

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 and Substance abuse Page(s): 43, 74-96; 108-109. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. ODG further clarifies frequency of urine drug screening: low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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. High risk of adverse outcomes may require testing as often as once per month. The patient is not certified for opioid therapy as of May 2014. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Urine drug screening is not medically necessary.