

Case Number:	CM15-0015235		
Date Assigned:	02/03/2015	Date of Injury:	10/13/2010
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male who sustained an industrial injury on 10/13/10. He has reported low back injury after bending down under a trailer working as a welder and the trailer fell on him. The diagnoses have included lumbar radiculopathy, degeneration of lumbar spine and chronic pain syndrome. Treatment to date has included medications, diagnostics, physical therapy and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, the injured worker complains of low back pain rated 4/10 with medication and 6/10 without medication. He states that the pain is reduced with medications, ice, Home Exercise Program (HEP) and use of the Transcutaneous Electrical Nerve Stimulation (TENS) unit. There is increased pain with walking and lying down. The low back pain is described as aching and tingling on left more than right. Physical exam revealed no evidence of overmedication or sedation. There was tenderness over the paraspinal muscles. Urine drug screen done on 9/11/14 was negative. He ran out of the medicines and was not taking them. He was on long term use of opioids. Current medications were norco, anaprox, flexeril, prilosec, tereocin lotion and lunesta. On 1/9/15 Utilization Review non-certified a request for High Complexity Qualitative Urine Drug Screen by Immunoassay Method (9) With Alcohol Testing, Any Method Other Than Breath (1) Dos 9-11-14, noting the injured worker has had previous negative drug screens and continued and repeat urine drug screens are not recommended. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

High Complexity Qualitative Urine Drug Screen By Immunoassay Method (9) With Alcohol Testing, Any Method Other Than Breath (1) Dos 9-11-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The High Complexity Qualitative Urine Drug Screen By Immunoassay Method (9) With Alcohol Testing, Any Method Other Than Breath (1) Dos 9-11-14 is not medically necessary and appropriate.