

Case Number:	CM15-0016172		
Date Assigned:	02/04/2015	Date of Injury:	09/06/2012
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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: 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:

This 50 year old sustained an industrial injury on 9/6/12, with subsequent ongoing back pain. Treatment included medications, epidural steroid injections, biofeedback, physical therapy, chiropractic therapy, acupuncture and facet nerve blocks. Current diagnoses included chronic low back pain with bilateral lumbar radiculitis with L4-L5 disc herniation and L5-S1 disc extrusion, reactive depression and chronic pain syndrome. In a PR-2 dated 4/15/14, the injured worker complained of low back pain with radiation down the right lower extremity with numbness and tingling. The injured worker reported that medications continue to help reduce pain and allow for better function. Current medications included Hydrocodone, Cyclobenzaprine-Flexeril, Diclofenac, Omeprazole, Zoloft, Docusate Sodium and Alfuzosin HCL. On 12/29/14, Utilization Review noncertified a retrospective request for 12/19/2013 and 4/15/2014 Urine drug screen x2 citing CA MTUS and ACOEM Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 12/19/2013 and 4/15/2014 Urine drug screen x2: 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 the patient has any issues with opioid abuse or misuse or uncontrolled pain. Therefore this request is not medically necessary.