

Case Number:	CM15-0110396		
Date Assigned:	06/16/2015	Date of Injury:	10/28/2002
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
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: California, Indiana, New York
 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 63 year old male, who sustained an industrial injury on October 28, 2002. He reported low back pain and lower extremity pain. The injured worker was diagnosed as having post-laminectomy syndrome of the lumbar spine. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, a bone stimulator implant and explant, chiropractic care, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain, mid back pain, bilateral hip pain, bilateral buttock pain, bilateral lower extremity pain and bilateral foot pain. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 26, 2015, continued pain as noted. He reported injuring the back at work while lifting a metal bar. He reported five previous surgical interventions on the back. He noted continued pain and numbness in the bilateral lower extremities. A drug and alcohol screen was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alcohol Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12420351>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, alcohol (ETOH) screen is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are lumbago; and post laminectomy syndrome lumbar. The date of injury was October 28, 2002. Medical record contains 21 pages. The most recent progress of the medical records dated May 7, 2015. The injured worker underwent five lumbar surgeries. The current list of medications includes MS Contin 80 mg b.i.d., oxycodone 30 mg six tablets per day, and Soma 350 mg or times a day. Medication dosing was recently decreased. A UDS was ordered and performed and was consistent. There is no documentation of aberrant drug related behavior. There is no risk assessment in the medical record. There is no documentation of drug misuse or abuse. There is no clinical rationale for a UDS in the treatment plan. There is no clinical rationale for an alcohol (ETOH) screen. Consequently, absent clinical documentation for the clinical rationale for an alcohol screen, aberrant drug-related behavior, drug misuse and abuse, alcohol (ETOH) screen is not medically necessary.

Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse & addiction Page(s): 84, 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related

behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbago; and post laminectomy syndrome lumbar. The date of injury was October 28, 2002. Medical record contains 21 pages. The most recent progress of the medical records dated May 7, 2015. The injured worker underwent five lumbar surgeries. The current list of medications includes MS Contin 80 mg b.i.d., oxycodone 30 mg six tablets per day, and Soma 350 mg or times a day. Medication dosing was recently decreased. A UDS was ordered and performed and was consistent. There is no documentation of aberrant drug related behavior. There is no risk assessment in the medical record. There is no documentation of drug misuse or abuse. There is no clinical rationale for a UDS in the treatment plan. There is no clinical rationale for an alcohol (ETOH) screen. Consequently, absent clinical documentation for the clinical rationale for an alcohol screen, aberrant drug-related behavior, drug misuse and abuse, urine drug screen is not medically necessary.