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| Case Number: | CM15-0111497 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 06/26/2007 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 female, who sustained an industrial injury on June 26, 2007. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbar degenerative disc disease with radiculopathy, lumbar disc protrusions, lumbar facet syndrome, multilevel facet arthropathy, multilevel lumbar neural foraminal narrowing, chronic pain syndrome and psychological issues including sleep deprivation, anxiety, depression and coping issues. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, acupuncture treatments, physical therapy, chiropractic treatments, topical analgesics, pain psychologist consultation and a home exercise program. Current documentation dated April 21, 2015 notes that the injured worker reported low back pain with radiation to the bilateral lower extremities. Associated symptoms include weakness and numbness down to the toes. The injured worker also noted constant sharp neck pain with radiation to the bilateral upper extremities down to the hands. Associated symptoms include weakness, numbness and tingling. The pain was rated an eight out of ten on the visual analogue scale. Examination of the cervical spine and lumbar spine revealed tenderness to palpation of the paraspinal muscles with spasms. Range of motion was noted to be decreased in all planes and limited by pain. Sensation was decreased in the right upper extremity. A straight leg raise test was positive on the right. The treating physician's plan of care included a request for a medication panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for Urine drug screen is not medically necessary.