

Case Number:	CM15-0113255		
Date Assigned:	06/24/2015	Date of Injury:	11/01/2013
Decision Date:	07/29/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 23-year-old male patient who sustained an industrial injury on 11/01/2013. He sustained the injury when he and other emergency medical technicians were attempting to slide a 400 plus pound bariatric patient from a bed onto a transport board to move to an ambulance. He felt a popping sensation in the low back. Diagnoses include status post discectomy at L4, recurrent disc protrusion at L4-5, L3-4 worsening disc protrusion, left worse than right, degenerative disc disease painful at L3-4, L4-5, and L5-S1, recurrent right leg radiculopathy worse than the left; hepatosplenomegaly needs further workup, and transitional lumbosacral segment. Per the doctor's note dated 5/21/15, he had complaints of neck pain and low back pain. Physical examination revealed tenderness, decreased range of motion of the lumbar spine and positive straight leg-raising test. The current medications list includes butra patch, Oxycodone, Omeprazole and naproxen. Per the physician progress note dated 11/20/2014, he has had continuous and worsening pain. He had back pain with recurrence of the right side worse than the left side leg and foot pain bilaterally. He had initial improvement after the discectomy on 04/01/2014 with subsequent recurrence of the pain in the last 3 months. He continued to have right-sided low back pain with bilateral foot pain. The pain level increased with daily activities at 2-7 out of 10. He was also depressed. The medications include Butrans patch, Oxycodone, Lyrica and Colace. Lyrica was discontinued due to sedation. He has had Magnetic Resonance Imaging of the lumbar spine dated 10/14/2014, which revealed recurrent disc herniation at L4-5 and disc protrusion at L3-L4 and L4-5 and L5-S1, degenerative disc disease at the three levels. Treatment to date has included diagnostic studies, medications, epidural injections, physical therapy, chiropractic sessions, home exercise program, and use of Transcutaneous Electrical Nerve Stimulation unit. Treatment requested is for Retro Quantitative drug screen, DOS: 1/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Quantitative drug screen, DOS: 1/23/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

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

Decision rationale: Retro Quantitative drug screen, DOS: 1/23/15 Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The patient's medications list includes opioids- Oxycodone and butran patches. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The retrospective request of Quantitative drug screen, DOS: 1/23/15 was medically necessary for this patient at this juncture.