

Case Number:	CM15-0115698		
Date Assigned:	06/24/2015	Date of Injury:	01/03/2005
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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 44 year old male, who sustained an industrial injury on January 3, 2005. Treatment to date has included medications. Currently, the injured worker complains of bilateral low back pain with radiation of pain to the right buttock, the right posterior thigh and the right posterior calf. His pain is exacerbated with prolonged sitting, standing and walking, with lifting, twisting the back, driving, and any activity, lying down and bearing down. His pain is relieved with pain medications. The injured worker had a urine drug screen on August 15, 2014. The injured worker current medication regimen includes Seroquel, Percocet, Abilify, Lorazepam, Pristiq, Cyclobenzaprine, and gabapentin. The diagnoses associated with the request include lumbar radiculopathy with right lower extremity weakness, lumbar disc protrusion, lumbar facet joint arthropathy, lumbar sprain/strain and transitional lumbar vertebrae. The treatment plan includes spine surgeon consultation, continuation of medications, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 12 Panel urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient had UDS in August 2014 without reported inconsistency. 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 for 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 One 12 Panel urine drug screen is not medically necessary and appropriate.