

Case Number:	CM15-0115889		
Date Assigned:	06/24/2015	Date of Injury:	07/27/2001
Decision Date:	07/24/2015	UR Denial Date:	05/31/2015
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: Preventive Medicine, Occupational 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 57 year old female who sustained an industrial injury on 7/27/01. The mechanism of injury is unclear. She currently complains of low back pain radiating to her right leg with tingling and numbness. She ambulates with a cane. On physical exam of the lumbosacral spine there was midline tenderness with positive sciatic nerve root tests bilaterally and decreased sensation in the bilateral lower extremities. Medications are Lidocaine patches, Fentanyl patch, Lexapro, amitriptyline, Fioricet, tizanidine, Soma, oxycodone. There are no prior drug screens available for review. Diagnoses include status post lumbar laminectomy and discectomy (10/29/04); status post implantation of spinal cord stimulator (7/2009); status post posterior L2 to S1 lumbar fusion (11/15/11); left shoulder/ upper arm strain and contusion and left fourth and fifth toe contusion; memory loss; constipation; lumbar spine herniated nucleus pulposus. On 5/22/15 the treating provider requested follow up visits with pain management, six visits; urine drug screen times three.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up (6 visits): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia Section Page(s): 96.

Decision rationale: The MTUS Guidelines provide recommendations for pain management follow up, usually in the context of increasing opioid use or chronic pain that continues to be uncontrolled despite physical modalities and incremental dose increases of medication. In this case, the injured worker is on chronic pain medications that would necessitate pain management follow-up. However, the request for 6 follow-up visits is in excess. The injured worker should be re-evaluated after 2-3 visits to establish the need for further follow-up. The request for pain management follow up (6 visits) is determined to not be medically necessary.

Urine drug screen (qty 3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, although the injured worker has been on chronic opioid therapy, there are no previous urine drug screens available for review to establish appropriate periodicity of testing. While one urine drug screen is appropriate, 3 urine drug screens with unspecified dates is not supported. The request for urine drug screen (qty 3) is determined to not be medically necessary.