

Case Number:	CM15-0120545		
Date Assigned:	07/01/2015	Date of Injury:	12/20/2011
Decision Date:	07/30/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old male who sustained a work related injury December 20, 2011. While offloading rail cars and lifting and pulling 20 feet sections of hose weighing 120 pounds and 5 inches in diameter, he twisted his lower back resulting in immediate low back pain. He received medication, physical and chiropractic therapy and x-rays were obtained. Past history included an abdominal gunshot wound 1995, s/ lumbar surgery, and hypertension. The most recent agreed medical re-evaluation, dated December 4, 2014, finds the injured worker presenting with low back pain radiating down his legs. There is occasional numbness and dysesthesias in his right thigh and frequent numbness and dysesthesias in his left leg down to his left foot. Most of his pain is confined to his low back. He still drives a motor vehicle locally. Physical examination revealed a stiff and antalgic gait. He is unable to squat down and has difficulty ambulating on his toes and heels. He uses a standard single-point cane in his right hand and wears a lumbosacral corset. Diagnoses are L4-L5 and L5-S1 herniated nucleus pulposus with resultant spinal canal and foraminal canal stenosis; s/p L4-L5 and L5-S1 laminectomies and fusions with cages and allografts; sprain and strain of lumbosacral spine. At issue, is a request for authorization for a follow-up for pain medications and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up for pain medications: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- office visits.

Decision rationale: Follow up for pain medications is medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The most recent documentation from Dec. 2014 is an Agreed Medical Evaluation which states that the patient's future care could include medication management. The prior medical review dated 6/12/15 states that Norco was not appropriate due to lack of functional improvement. The documentation further indicates that the patient has chronic pain and may benefit from alternative pain medications (which would not necessarily include opiates) therefore this request is medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction- Frequent random urine toxicology screens and Drug testing Page(s): 94 and 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Urine drug testing (UDT).

Decision rationale: Urine drug screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation does not reveal when the past urine drug screen was or how many urine drug screens the patient has had in the past year. There is no documentation of aberrant behavior. Without clarification of a rationale for another urine drug screen the request is not medically necessary. Opioids, steps to avoid misuse/addiction- Frequent random urine toxicology screens 94.

