MAXIMUS Federal Services

Case Number:	CM15-0172966		
Date Assigned:	09/15/2015	Date of Injury:	03/28/2011
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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: Emergency 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 (IW) is a 48-year-old male who sustained an industrial injury on 03-28-2011. He reported a back injury. The injured worker is currently diagnosed as having Post Laminectomy Syndrome, Lumbar, Chronic Pain Syndrome, Shoulder pain, Lumbar-Thoracic Radiculopathy, Low back pain, Sciatica, Myalgia and myositis and Spasm of Muscle. Treatment to date has included acupuncture, chiropractic therapy, and medications. The worker is situation post dual lead spinal cord stimulator implantation on 04-21-2014 and has refused final placement. His medications include Mobic 10 mg, Norco 10/325, Soma 350, and transdermal creams. On 02-10-2015, the injured worker complained of lumbar back pain, pain in the right knee, and pain in the left foot with numbness and tingling. He also complained of muscular soreness after walking and bilateral radiculopathy with tingling of his lower legs. He has restless leg syndrome due to exacerbation of pain, and periodic sciatic flare-ups. The worker states Soma and Norco have been helpful in controlling muscle tension and pain. Rapid urine toxicology was positive for benzodiazepines, Opiates, and Tri-Cyclic Antidepressants. The specimen was sent for further testing. In his physical exam, the worker continues to complain of pain in the lumbar region rated as a 5-6 on a scale of 0-10. The worker states his pain would be at a 9 without medications. On 03-18-2015, the worker is seen for worsening back pain with bilateral radiculopathy, muscular spasms, and stiff back with nighttime restless leg syndrome and report of more frequent sciatica flare-ups. He rates his pain as a 7-8 on a scale of 0-10 and as a 9 on a scale of 10 without medication. Rapid urine toxicology on 03-18-2015 was positive for Benzodiazepine, opiates, and was sent to the lab for further testing. No changes were made in

his medication, and refills were given on all oral medications. On 02-10-2015, the drug screen was positive for acetaminophen, temezepam, oxazepam, nordiazepam, hydrocodone, hydromorphone, dihydrocodeine, norhydrocodone, ethyl glucuronide, and ethyl sulfate and negative for carisoprodol. The March drug screen was positive for acetaminophen, Temazepam, oxazepam, nordiazepam, hydrocodone, hydromorphone, dihydrocodeine, norhydrocodone, ethyl glucuronide, ethyl sulfate and carisoprodol. There are no indications of counseling regarding the urine toxicology screens of 02-10-2015. A request for authorization was submitted for: Retro: toxicology - urine drug screen for dates of service 2/12/15 and 3/20/15, lower back. A utilization review decision 08-20-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: toxicology - urine drug screen for dates of service 2/12/15 and 3/20/15, lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing.

Decision rationale: The requested Retro: toxicology- urine drug screen for dates of service 2/12/15 and 3/20/15, lower back, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Official Disability Guidelines, Pain (Chronic), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The injured worker has complained of muscular soreness after walking and bilateral radiculopathy with tingling of his lower legs. He has restless leg syndrome due to exacerbation of pain, and periodic sciatic flare-ups. The worker states Soma and Norco have been helpful in controlling muscle tension and pain. Rapid urine toxicology was positive for benzodiazepines, Opiates, and Tri-Cyclic Antidepressants. The specimen was sent for further testing. In his physical exam, the worker continues to complain of pain in the lumbar region rated as a 5-6 on a scale of 0-10. The worker states his pain would be at a 9 without medications. The March drug screen was positive for acetaminophen, Temazepam, oxazepam, nordiazepam, hydrocodone, hydromorphone,

dihydrocodeine, norhydrocodone, ethyl glucuronide, ethyl sulfate and carisoprodol. There are no indications of counseling regarding the urine toxicology screens of 02-10-2015 nor of collection details nor review by an MRO. The criteria noted above not having been met, Retro: toxicology-urine drug screen for dates of service 2/12/15 and 3/20/15, lower back is not medically necessary.