

Case Number:	CM15-0173759		
Date Assigned:	09/15/2015	Date of Injury:	03/29/2006
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/03/2015

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: Connecticut, California, Virginia
 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 68 year old male, who sustained an industrial injury on 3-29-06. The injured worker has complaints of low back pain. The documentation noted on 7-30-15 that the injured workers pain worsens with prolonged sitting and standing and pain is increased with certain activities performed. The documentation noted that the pain medication is not helping decrease the pain as it used to; on a scale from 0 to 10 the injured worker reports the pain is at an 8 with medications and a 9 without medications. Physical examination revealed cervical, thoracic, lumbar has lumbar spinal tenderness lumbar paraspinal tenderness and lumbar facet tenderness. The urine laboratory report for 7-30-15 was positive for tramadol, negative for opioid tricyclic antidepressants illicit substances. The diagnoses have included chronic pain syndrome; post laminectomy syndrome, lumbar; lower back pain; spinal enthesopathy; fasciitis, unspecified and lumbar facet arthropathy. magnetic resonance imaging (MRI) of 4-24-13 of the lumbar spine L1-2 there is exuberant Modic type 1 degenerative endplate changes, there is a 5-7 millimeter diffuse bulging of the annulus left side greater than right in combination with moderate facet and ligamentum flavum hypertrophy which moderate to moderate severely narrows the canal particularly the left lateral recess affecting the left L2 nerve root and severely narrows the left neural foramen impinging the exiting left L1 nerve root. Magnetic resonance imaging (MRI) of the lumbar spine on 7-31-14 showed in the interval there has been anterior and posterior fusion at L2-S1 (sacroiliac), 4 millimeter disc osteophyte complex at L1-2 with mild spinal canal narrowing. Treatment to date has included Mobic; tramadol; transdermal compound creams; tramadol ER; failed physical therapy; failed transcutaneous electrical nerve

stimulation unit; core muscle strengthening; lumbar surgery with titanium plates and screws in early 2011 and epidural or facet blocks with temporary relief for a couple of days. The original utilization review (8-13-15) non-certified the request for one urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (Chronic), Urine Drug Screens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc., however the patient is noted to have chronic pain and be taking opiates for treatment. There is no documentation of concerns for abuse/misuse or aberrant behavior, and a recent (July 2015) drug screen was positive for Tramadol as expected based on treatment. Therefore the need for additional screening is not substantiated at this time and is therefore not considered medically necessary, although future screening may be indicated.