MAXIMUS Federal Services

Case Number:	CM15-0175301		
Date Assigned:	09/23/2015	Date of Injury:	03/12/2014
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female with a date of injury on 03-12-2014. The injured worker is being treated for L5-S1 severe degenerative disc disease, foramen stenosis-moderate to severe, radiculopathy along the right L5-S1 dermatomes with motor sensory changes, L4-5 instability listhesis, foramen stenosis radiculopathy on the right, L3-4 disc herniation 2-3, and status post right ankle surgery and right shoulder derangement. A physician progress note dated 08-20-2015 documents the injured worker has complaints of continued low back pain. She has run out of her medications and would like a refill. Her medications include Norco and Voltaren. She is having trouble sleeping at night. She is also requesting a walker to use at home. Lumbar range of motion is decreased and painful. She has an antalgic gait. Straight leg raise is positive at 30 degrees. She is having radicular symptoms at the right S1 dermatome, and motor weakness along the right S1 and L5. Treatment to date has included diagnostic studies, medications, 12 physical therapy sessions, right ankle steroid injections and right shoulder injections. The treatment plan included a L4-S1 epidural steroid injection. On 09-01-2015, the Utilization Review non-certified the request for a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in March 2014 and continues to be treated for right ankle and shoulder pain and radiating low back pain. When seen, she had run out of medications and was requesting a refill. Norco and Voltaren were being prescribed. She was having increasing pain and was requesting a walker for home use. Physical examination findings included an antalgic gait. There was decreased and painful lumbar spine range of motion with decreased right lower extremity strength and sensation and positive right straight leg raising. Urine drug screening is being requested. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months. Norco was being prescribed and the claimant reported having run out of this medication and was having increased pain. The request was medically necessary.