

Case Number:	CM15-0042304		
Date Assigned:	03/12/2015	Date of Injury:	03/05/2012
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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: Family Practice

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 30 year old female who sustained an industrial injury on 3/5/12 while lifting a box of clothing injuring her back. She currently is experiencing back pain across her back with radiation down both legs to her feet with numbness and tingling. Her pain intensity is 9/10. Her activities of daily living are limited as her range of motion is limited and weak. Medications are Norco, citalopram, omeprazole, ondansetron, cyclobenzaprine and trazadone. Diagnoses include status post laminectomies for herniated disc X2 without relief of pain (3/2013 and 5/2013); severe axial back pain; left leg sciatica and radiculopathy with severe degeneration at L4-5 and grade 1 spondylolisthesis and disc collapse; moderate discogenic disease a L3-4, rule out severe gastroesophageal reflux disease; depression and anxiety. Treatments include bracing without effect; medications which are helpful; lumbar epidural steroid injections and physical therapy. Diagnostics include x-rays of the lumbar spine show severe degeneration; MRI of the lumbar spine (4/5/13 and 8/9/14) reveals lumbar disc desiccation at L4-5 with herniation and stenosis; nerve conduction studies of bilateral lower extremities were normal (12/19/14). In the progress note dated 1/19/15 the treating provider requested urine toxicology screen to track her compliance with prescribed medications. Her previous screen indicated the presence of Norco which she uses on an as need basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This patient receives treatment for chronic low back pain. The patient has had two lumbar disc operations and has "failed back" syndrome. The patient has become opioid dependent taking Norco on as needed basis. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. There are clinical "red flags" for the clinician to be aware of. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.