

Case Number:	CM15-0050368		
Date Assigned:	03/24/2015	Date of Injury:	03/05/2013
Decision Date:	10/29/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/17/2015

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 62 year old male, who sustained an industrial injury on March 05, 2013. The injured worker was diagnosed as having spondylolisthesis lumbosacral spine, sacroiliac ligament sprain and strain, lumbar myofascial sprain and strain, and lumbar spinal stenosis. Treatment and diagnostic studies to date has included laboratory studies and medication regimen. In a progress note from November 10, 2014, the treating physician reported the injured worker's "cervical and lumbar spine condition to be unchanged", but noted that the injured worker experienced headaches through the day along with a pain level of a 7 out of 10. In a progress note dated January 05, 2015 the treating physician reports that the injured worker's "cervical and lumbar spine condition is unchanged". Examination performed on January 05, 2015 was revealing for tenderness to the bilateral cervical paravertebral muscles, positive bilateral Spurling's test, decreased range of motion to the cervical spine, an antalgic gait, tenderness to the bilateral lumbar four to five paravertebral muscles, tenderness to the left buttock, tenderness to the left sciatic notches, tenderness to the left sacroiliac joint, decreased range of motion to the lumbar spine, positive straight leg raise testing bilaterally, positive Flip testing bilaterally, positive Lasegue's testing bilaterally, and decreased sensation at the lumbar five distribution. On January 05, 2015 the injured worker's medication regimen included Meloxicam and Nortriptyline since at least September 29, 2014, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of his medication regimen. The treating physician requested four urine toxicology tests a year as an outpatient for the neck and the low back with the date of request undated. On March 02, 2015 the Utilization Review determined the request of four urine toxicology tests a year as an outpatient for the neck and the low back to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 urine toxicology a year: Upheld

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, Opioids, indicators for addiction.

Decision rationale: The claimant sustained a work injury in March 2013 and is being treated for neck and low back pain. Urine drug screening in February 2014 and February 2015 was negative. No opioid medications were being prescribed. When seen, his condition was unchanged. Meloxicam and Nortriptyline were being prescribed. Physical examination findings included paravertebral tenderness and decreased range of motion. Spurling's testing was positive. There was coccyx tenderness. Straight leg raising and Lasegue testing was positive. There was an antalgic gait without and assistive device. Authorization for urine drug screening is being requested. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. There are no identified issues of abuse or addiction. Regular urine drug screening is not medically necessary.