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| Case Number: | CM15-0090638 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 09/05/2012 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on 09/05/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc herniation, lumbar degenerative disc disease, chronic low back pain, and radiculopathy. Treatment and diagnostic studies to date has included medication regimen, use of a cane, status post lumbar fusion to the lumbar four through sacral one, status post prior laminectomy/discectomy at lumbar five to sacral one, x-rays of the lumbar spine, and magnetic resonance imaging of the lumbar spine. In a progress note dated 04/08/2015 the treating physician reports complaints of chronic low back pain and antalgic posture in chair and gait. Neurology report form 04/08/2015 noted chronic, severe low back pain with bilateral leg pain. The pain level was noted to be a 6 to 7. The treating physician requested a urine drug screen with the treating physician indicating current medication regimen of Duragesic Patch and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA Drug 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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but does not give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case, the patient has had prior urine drug screens that were appropriate and consistent with the prescribed medications. There is no documentation that there is concern for the patient to be abusing the prescribed narcotic medications. The use of repeat UDS is not medically necessary.