

Case Number:	CM15-0092529		
Date Assigned:	05/18/2015	Date of Injury:	07/15/2013
Decision Date:	06/23/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/13/2015

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: Physical Medicine & Rehabilitation

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 July 15, 2013. The injured worker was diagnosed as having lumbar radiculopathy, lumbar facet dysfunction, lumbar stenosis, degenerative disc disease, anxiety, depression, opioid dependence, gastrointestinal (GI) bleed, and status post myocardial infarction. Treatment to date has included radiofrequency ablation, electromyography (EMG), x-rays, physical therapy, home exercise program (HEP), MRIs, and medication. Currently, the injured worker complains of low back pain and muscle spasms in the right lower extremity. The Pain Management Re-Evaluation dated April 20, 2015, noted the injured worker reported his pain about the same, medications helping, with pain rated a 7/10 with medications, and a 10/10 without medications. Physical examination was noted to show straight leg raise, Patrick's and facet loading tests were all noted to be positive, with sensation decreased to light touch in the right lower extremity diffusely. Weakness was noted in the right lower extremity, with tenderness to palpation noted over the lumbar paraspinal musculature and sacroiliac joint region. The treatment plan was noted to include requests for authorization for medication refills including Nucynta Extended-Release and Gabapentin, a urinalysis to determine levels of prescription and presence of any non-prescription drugs, a lumbar epidural steroid injection (ESI) at L5-S1 level with fluoroscopy, and a referral to a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: The patient presents on 04/20/15 with unrated lower back pain. The patient's date of injury is 07/15/13. Patient is status post right L3, L4, and L5 medial branch radiofrequency ablation on 10/30/14. The request is for URINE DRUG SCREEN. The RFA is dated 04/06/15. Physical examination dated 04/20/15 reveals tenderness to palpation over the lumbar paraspinal muscles and sacroiliac joint region bilaterally, and positive Patrick's, facet loading, and straight leg raise tests bilaterally. Neurological examination reveals decreased sensation and diffuse weakness in the right lower extremity. The patient is currently prescribed Gabapentin and Nucynta. Diagnostic imaging was not included. Patient's current work status is not provided. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "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, the provider is requesting a UDS to ensure that this patient is compliant with his narcotic medications. The documentation provided indicates that this patient had a urine drug screens conducted on 11/03/14, 01/26/15, 03/09/15, 04/06/15, and 04/20/15 which were consistent with prescribed medications. There is no discussion of aberrant behavior or any indication in the progress notes that this patient is considered "high risk." More frequent screening is not supported by guidelines without prior UDS inconsistencies, displays of aberrant behavior, or suspected drug diversion. Therefore, the request IS NOT medically necessary.