

Case Number:	CM15-0096962		
Date Assigned:	06/01/2015	Date of Injury:	12/03/2011
Decision Date:	07/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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 52-year-old male, with a reported date of injury of 12/03/2011. The diagnoses include lumbar spinal stenosis, lumbar degenerative disease, and discogenic low back pain. Treatments to date have included an MRI of the lumbar spine in 08/2013 and 04/18/2015 which showed marked multilevel degenerative changes of the lumbar spine with levocurvature centered at L2-3, multilevel severe spinal canal stenosis at L2-3 through L4-5, and multilevel neural foraminal narrowing; and oral medications. The progress report dated 04/07/2015 indicates that the injured worker continued to complain of low back pain. The pain was constant and severe in nature. It was noted that surgery was recommended. The injured worker reported functional improvement and pain relief with the addition of the medication that he is taking twice daily. He indicated that his pain was reduced from 8 out of 10 to 2-3 out of 10 with the use of medication. An examination of the lumbar spine showed tenderness about the lower lumbar paravertebral musculature, forward flexion to 45 degrees, extension to 10 degrees, and lateral bending to 30 degrees, negative sitting straight leg raise bilaterally, globally intact strength in the lower extremities. The injured worker was provided with a prescription refill of Norco 7.5/325mg #60 with no refills. The treating physician requested a repeat urine drug toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat urine drug 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, Urine drug testing.

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. This relates back to an industrial injury dated 12/02/2011. The patient has signs of lumbar stenosis from L2 through L5 as visualized on MRI. This patient has become opioid dependent. The patient reports pain level is 9/10 without the medications. The motor exam is 5/5 and the SLR is normal. This review addresses a request for a repeat urine drug toxicology screen. 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. 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.