

Case Number:	CM14-0143002		
Date Assigned:	09/10/2014	Date of Injury:	05/14/2013
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year-old patient sustained an injury on 5/14/13 while employed by [REDACTED]. Request(s) under consideration include Urine toxicology. Diagnoses include lumbar spine spinal stenosis/ HNP; medial cartilage/ meniscal tear of knee. Medications list Pantoprazole, Flurbiprofen/ Tramadol/ cyclobenzaprine/ Gabapentin/ Dexamethorphan/ Amitriptyline. EMG/NCV of lower extremity dated 3/27/14 was noted to be normal. MRI of right knee dated 12/21/13 showed medial meniscus tear. MRI of lumbar spine dated 12/21/13 showed HNP at L3-S1. Report of 7/11/14 from the provider noted the patient with ongoing chronic low back pain rated 8/10 and right knee pain at 6/10. Prescribed medications and cream were helpful. Exam showed lumbar spine with positive spasm; limited lumbar range; right knee with medial joint line tenderness. The request(s) for Urine toxicology was non-certified on 8/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The patient has been prescribed opioid for some time with continued chronic symptoms. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic May 2013 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology is not medically necessary and appropriate.