

Case Number:	CM14-0000542		
Date Assigned:	01/10/2014	Date of Injury:	11/01/2006
Decision Date:	10/30/2015	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

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. 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: Preventive Medicine, Occupational 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 patient is a 51 year old male who was injured on 11/01/2006. The mechanism of injury is unknown. Drug compliance and diversion screen performed on 08/28/32013 indicated the prescribed medication, hydrocodone, was not detected. The medications Cotinine, cyclobenzaprine, Gabapentin, Nicotine, and Sertraline were detected but not reported as prescribed. Drug compliance and diversion screen performed on 09/25/2013 indicated the prescribed medication, Gabapentin, cyclobenzaprine were detected. The prescribed medication hydrocodone was not detected. The medications Cotinine, Nicotine, and Sertraline were detected but not reported as prescribed. Drug compliance and diversion screen performed on 10/31/2013 indicated the prescribed medication Gabapentin was detected but the prescribed medication hydrocodone was not detected. The medications, Cotinine, Nicotine, and Sertraline were detected but not reported as prescribed. PR2 dated 10/23/2013 documented the patient to still have complaints of persistent low back pain. He used Norco on an as-needed basis. He did attempt to do home exercises and work around the house. He complained of aching and burning pain in the low back, which he rated as 6/10. The patient stated that all of the medications that he was taking were helping him to decrease the symptoms. Objective findings on exam revealed an antalgic gait and numbness and tingling to the left L5-S1 dermatome. The sciatic stretch was positive; straight leg raise aggravated his pain somewhat. There was weakness to plantar flexion of his foot on the left. PR2 dated 12/18/2013 documented the patient to have complaints of numbness to the left leg. He was working on his proprioception. He stated that he was walking a bit better but the low back pain persisted. Objective findings on exam revealed tenderness over

the lumbar spine in the lumbar paraspinal muscles; range of motion was limited. There was a positive sciatic stretch sign; straight leg raise was negative. There was decreased sensation at L5-S1 on the left; antalgic gait was noted. There was a mild limp favoring the left leg as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

Decision rationale: CA MTUS treatment Guidelines detail: "Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws." The ODG details a recommended risk stratification in frequency of testing, but the CPMTG above are more liberal. From the medical records that were sent, the patient is prescribed opioids (this is contrary to other Utilization Review deduction), and thus urine drug screening is medically necessary.