MAXIMUS Federal Services

Case Number:	CM13-0015644		
Date Assigned:	01/31/2014	Date of Injury:	09/12/1996
Decision Date:	04/11/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/23/2013

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 70-year-old woman with a date of injury of 9/12/96. She was seen by her primary treating physician on 7/10/13 for complaining of bilateral neck pain radiating to her arms, wrists and hands. She also reported bilateral thoracic and low back pain. She is status post epidural injections to her cervical spine and had her last dose of prn Norco the day prior. Her physical exam was significant for tenderness to palpation of her wrists, pain-restricted range of motion of her cervical and lumbar spine with positive provocative discogenic and Spurling's maneuvers. She had positive Tinel's and Phalen's test bilaterally and reduced sensation in the left L4 dermatome with essentially preserved muscle strength. Her 24 diagnoses included chronic bilateral C6 and C7 radiculopathy, right L4 and right L5-S1 radiculopathy with right lower extremity weakness, severe bilateral carpal tunnel syndrome and axonal loss, cervical and lumbar radiculopathy and stenosis, thoracic stenosis and degenerative disc disease and diabetes. Prescriptions were refilled and ordered and a 12-panel urine drug screen was performed 'given the patient's chronic opioid pain medication intake'. A urine drug screen was also obtained on 1/4/13. The urine drug screen is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN-OFFICE RANDOM 12-PANEL URINE DRUG SCREEN X 1 FOR CHRONIC OPIOID PAIN MEDICATION, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

Decision rationale: This injured worker has a history of chronic pain since 1996 with cervical and lumbar radiculopathy and stenosis. She has used chronic opioids on a prn basis. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opioids use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has been performed. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen is not medically necessary.