

Case Number:	CM13-0027084		
Date Assigned:	11/22/2013	Date of Injury:	10/10/2008
Decision Date:	01/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Family Practice 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 physician 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 patient is a 47-year-old injured worker who reported an injury on October 10, 2008, when a baker's rack fell on the patient, subsequently causing a cervical spine, right shoulder and lumbar spine injury. Radiographs of the cervical spine noted that there was decreased cervical lordosis and moderate loss of disc height at the C5-6 and C6-7 levels. Moderate anterior osteophytes were also present at C6 and C7. Radiographic impressions noted cervical spondylosis at C5-6 and C6-7. The patient had utilized physical therapy as 1 mode of conservative therapy and has utilized oral medications in the past. However, there is nothing in the recent documentation stating the patient's current medication regimen. The patient has undergone 2 previous urine drug screens, one in March 03, 2013 and the second in July 02, 2013. The physician is now requesting a third urine drug screen.

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, Opioids Page(s): 43, 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 74-96.

Decision rationale: Under the California MTUS Chronic Pain Medical Treatment Guidelines, it states that urine drug testing is recommended as an option to assess for the use of or the presence of illegal drugs. This is further reiterated under the opioid heading for steps to take before a therapeutic trial of opioids. Under the Ongoing Management heading, it states that the use of drug screening or inpatient treatment with issues of abuse, addiction or pain control may be an option for patients who are utilizing opioid medications. However, the documentation fails to provide the current medication regimen for the patient in question. Furthermore, the two previous urine drug screens were both consistent with the medications the patient had been prescribed. There was no illicit drug use indicated on the documentation, and there was nothing in the documentation that stated that the patient had been hiding medication or misusing her prescribed medications. The request for a drug screen is not medically necessary and appropriate.