

Case Number:	CM13-0027160		
Date Assigned:	12/11/2013	Date of Injury:	08/08/2001
Decision Date:	04/18/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 47 year old male with date of injury of 08/08/2001. The listed diagnose per [REDACTED] dated 08/21/2013 are: 1. Chronic neck pain 2. Left greater occipital neuralgia 3. Bilateral lower extremity pain According to progress report dated 08/21/2013 by [REDACTED], the patient complains of burning neck pain that radiated up the back of his head and up over his head, left side greater than right. He reports pain and stiffness in the trapezius muscles bilaterally with radiating pain, numbness and tingling down the anterior aspect of his proximal arm, forearm and left thumb and left index finger. Objective findings show hypersensitivity to palpation in the midline cervical spine, left trapezius and scapula region. Sensation was diminished in the S1 distribution bilaterally in his lower extremities. Treater is requesting a retrospective toxicology urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective toxicology-urine drug screen for DOS 7/13/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with neck pain radiating to the back of his head. Treater is requesting a retrospective toxicology urine drug screen for DOS 07/13/2013. Utilization review dated 08/29/2013 denied the request stating, "As [REDACTED] are no longer prescribing the patient's opioid medications, criteria are not met for them to perform the urine drug screening." MTUS guidelines recommend use of urine toxicology for monitoring of chronic opiate use for potential abuse. Frequent UDS's are recommended for "high risk" opiate abusers. ODG guidelines recommend once yearly UDS for low-risk opiate users. In this case, the treater's report 07/11/2013 by [REDACTED], notes, "Medications do help but that the opioid medications are deferred to primary care physician as the patient violated the pain contract." It appears that the treater stopped prescribing opiates on this patient. It is not known why the patient is checked for urine drug screen. UDS's are not needed unless the treater is prescribing opiates. Since the treater stopped prescribing opiates, the urine toxicology was not needed. Recommendation is for denial.