

Case Number:	CM13-0027841		
Date Assigned:	11/22/2013	Date of Injury:	05/12/2006
Decision Date:	02/11/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 in American Board of Family Practice , has a subspecialty in American Board of Pain Medicine 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 60 yr. old male claimant sustained a work injury on 5/12/16 that resulted in trauma to the head and neck. He developed cervical disk protrusion, arthropathy , headaches, lumbar disk disease and radicular symptoms to the lower extremities. He had received trigger point injections, muscle relaxants, NSAIDs, opioids and anxiolytics for symptomatic relief. The claimant had signed a pain management agreement to comply with controlled substance use. A urine drug screen performed on 7/1/13 to follow compliance of medications prescribed noted no inconsistencies. There was no documentation to indicate non-compliance with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology and Opioid Page(s): 83-91.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. In this case, there was no indication of abuse or non-compliance with medication. Prior urine drug screens have been consistent with the medications prescribed. Based on the above references and clinical history, a urine toxicology screen is not medically necessary.