

Case Number:	CM13-0028477		
Date Assigned:	11/27/2013	Date of Injury:	03/12/2003
Decision Date:	09/10/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine and is licensed to practice in Montana. 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 maintenance worker/carpenter who sustained work injuries on 3/12/03, 6/30/09, 6/10/10, and 6/23/11. These work injuries would involve the head, neck, upper back, shoulders, left elbow and low back. He would have an anterior cervical discectomy and fusion at C4-5 and C5-6 in April 2005. In December 2006 would have a revision anterior cervical discectomy and fusion at C5-6. In June 2011 he would have surgery to the left elbow and in May 2012 an anterior cervical discectomy and fusion at C6-7. He continues to have complaint of neck pain, headaches, bilateral shoulder pain, left elbow pain, bilateral wrist pain, occasional thoracic pain and low back pain. Current medications include for opioid pain medications, nonsteroidal anti-inflammatory drugs, muscle relaxers, topical medications and, Fiorinal for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 URINE DRUG SCREEN (DOS: 8/12/13): 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 Urine Drug Screening, , Drug Testing, , Opioid, Ongoing management Page(s): 43, 78.

Decision rationale: The MTUS discusses urine drug screening in the chronic pain medical treatment guideline. It is recommended as an option to assess for use or prevalence of illegal drugs. It also recommends use of urine drug screening for ongoing management when there are issues of abuse, addiction or poor pain control. The medical records do confirm the long term use of opioid pain medications and urine drug testing has been performed appropriately within the guidelines. His drug screening tests have not identified any evidence for diversion, use of illicit drugs or any other concerns. Continued use of urine drug screening without documentation of issues of abuse, addiction or poor pain control are not justified within the MTUS. The request for retrospective urine drug screen is not medically necessary and appropriate.