

Case Number:	CM13-0040971		
Date Assigned:	12/20/2013	Date of Injury:	03/14/1997
Decision Date:	04/10/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and 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 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 62-year-old female with a date of injury of 03/14/1997. The listed diagnoses per [REDACTED] dated 09/16/2013 are: 1.) Brachial neuritis, 2.) depression, 3.) constipation, 4.) insomnia, 5.) spasm of muscle, 6.) headache. According to report dated 09/16/2013 by [REDACTED], the patient presents with complaints of chronic severe neck pain and cervicogenic headaches. It was noted the pain is worse on the right and bilateral upper extremity pain with numbness, tingling, and weakness. The patient is status post C3 to T1 laminectomy/fusion dated 06/13/2011. The patient's current medication regimen includes methadone, Norco, Skelaxin, Prozac, Lunesta, Savella, Lyrica, Senna, and Dulcolax. The treater is requesting a urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

Decision rationale: The patient presents with chronic severe neck pain and cervicogenic headaches. The treater is requesting a urine drug testing. While MTUS Guidelines does not specifically address how frequent UDS should be obtained for various risk opiate users, ODG Guidelines provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screening within the first 6 months. In this case, the patient was administered a drug screen on 06/21/2013, 07/19/2013, and 08/16/2013 which was all consistent with the medications prescribed. The treater is requesting UDT for "purposes of diversion and medication monitoring." The notes do not indicate prescription medication changes or any assessment of the patient's risk for opiate use. No aberrant medication behavior was documented warranting such frequent UDS. The number of UDT should be limited to no more than 1 or 2 times per year. The requested UDS is not medically necessary, and recommendation is for denial.