

Case Number:	CM13-0049345		
Date Assigned:	06/11/2014	Date of Injury:	05/01/2008
Decision Date:	07/30/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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 Internal Medicine and is licensed to practice in Arizona. 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 woman with a work-related injury dated 5/1/08 which resulted in chronic pain. She was seen by the pain specialist on 6/7/13 complaining of continued neck pain radiating to both shoulders, arm and back. The pain is pinching and constant with numbness to the toes. The physical exam showed tenderness and spasm over the cervical paraspinal musculature extending to both trapezius muscles, bilateral shoulder pain in the AC joints bilaterally and decreased sensation in the right C5 dermatome and bilateral C6, C7 dermatomes. The diagnosis include cervical disc disease, cervical radiculopathy, status post bilateral shoulder arthroscopy and status post right elbow surgery. The plan of care included a new MRI of cervical spine, EMG/NC velocity studies of the upper extremity, home exercise program, urine drug test and continued use of Norco and ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG TEST FOR DOS 6/12/2013: Overturned

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 9792.20-.26 Page(s): 74-76.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the injured worker suffers from chronic pain treated with narcotic pain medications. The use of urine drug screens to assure compliance and identify the use of any illicit drugs is recommended.