

Case Number:	CM13-0050092		
Date Assigned:	09/18/2014	Date of Injury:	03/10/2002
Decision Date:	10/16/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/11/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 3/10/02 date of injury, and C-C6 and C6-C7 anterior cervical discectomy and fusion on 3/18/03. At the time (10/18/13) of the decision for Retro UDS 9/14/13 qty: 1.00, there is documentation of subjective (neck pain radiating to both upper extremities) and objective (tenderness over the cervical paraspinal muscles, upper trapezius, and medial scapular region and decreased range of motion with pain) findings, current diagnoses (cervical spondylosis with radiculopathy and shoulder pain probably secondary to cervical spondylosis), and treatment to date (medications (including Norco, Alprazolam, Anaprox, and Soma) and aquatic therapy). There is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO UDS 9/14/13 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. OGD supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis with radiculopathy and shoulder pain probably secondary to cervical spondylosis. In addition, there is documentation of ongoing opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Retro UDS 9/14/13 Qty: 1.00 is not medically necessary.