

Case Number:	CM13-0052654		
Date Assigned:	12/30/2013	Date of Injury:	04/18/2006
Decision Date:	06/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Practice and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 04/18/2006 secondary to an unknown mechanism of injury. The injured worker was evaluated on 05/16/2013 for reports of neck and bilateral extremity pain that has been significantly resolved following cervical fusion. The injured worker also reported pain radiating to the buttocks and bilateral foot pain. The exam noted paraspinal muscle tenderness to palpation of the cervical spine, restricted range of motion to the cervical spine, decreased sensation to light touch and a positive cervical compression test. The exam also noted decreased sensation to light touch of the lumbar spine. The diagnoses included cervical sprain/strain syndrome, cervical radiculopathy, occipital neuralgia, headaches, lumbar sprain/strain syndrome, lumbar radiculopathy and fibromyalgia. The treatment plan included medication therapy with Percocet and Flexeril and referral to the podiatrist and a return to clinic for followup. The injured worker did have a prior official urine drug screen completed on 01/24/2013 which was consistent for opioid therapy. The request for authorization and rationale were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR URINALYSIS DRUG SCREENING DOS:5/16/13:
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 Opioids
Page(s): 74-95.

Decision rationale: The California MTUS Guidelines may recommend monitoring patients for aberrant drug behavior with drug screens. The injured worker had a prior urine drug screen which was consistent with the prescribed medications. The injured worker is being prescribed Percocet. However, there is a significant lack of clinical evidence to indicate a need for further screening. There was also a significant lack of indication of risk for aberrant drug taking behaviors. Therefore, based on the documentation provided, the request is not medically necessary.