

Case Number:	CM13-0053071		
Date Assigned:	12/30/2013	Date of Injury:	06/16/2011
Decision Date:	03/12/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a 45-year-old female who sustained injury on 06/16/2011. A clinic note dated 9/06/2013 indicates she presented with complaints of pain in her cervical spine, lumbar spine, right shoulder and bilateral hips. She was taking Anexsia and Robaxin. Objective findings include cervical spine revealed limited range of motion. There was tenderness to palpation noted over trapezius and paravertebral muscles bilaterally. There was hypertonicity noted over trapezius muscles on the right side. Shoulder depression and Cervical depression tests were positive and Spurling test was positive on right. Muscle strength was 5/5 except for 4/5 in C6 nerve root. Sensation was normal in C5, C7, and C8 nerve root distribution bilaterally and decreased sensation on the right at C6 nerve root. DTRs were 1+ triceps and brachioradialis bilaterally. She was diagnosed with multilevel cervical spine disc disease with stenosis and neural foraminal narrowing and chronic lumbosacral strain. Treatment plan was cervical spine surgery, refilled for Anexsia and Robaxin, and temporarily total disabled. She then had anterior cervical fusion at C4-C7 on 10/01/2013. A clinic note dated 09/28/2013 by [REDACTED] indicates she had urine sample collected on 09/06/2013 for the drug testing including opiates, narcotic analgesics, benzodiazepines, muscle relaxants, antidepressants, and other commonly prescribed medications. Medications detected were Hydrocodone and Hydromorphone were detected in this procedure. It was noted that she was prescribed Hydrocodone by another practitioner. The current review is a retrospective review of urine drug screening done on 09/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A urinalysis drug test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Drug testing.

Decision rationale: CA MTUS chronic pain guidelines and ODG recommend drug screening for patients to monitor compliance with prescribed substances and use of illegal drugs and to uncover diversion of prescribed medications. There was previous drug screening done on 04/25/2013 within the 6 months period. The documentation submitted did not indicate that the patient is exhibiting aberrant drug behaviors or is non-adherent to the medication schedule. Therefore, the retrospective request for 1 urinalysis drug screening is non-certified.