

Case Number:	CM13-0053677		
Date Assigned:	12/30/2013	Date of Injury:	09/04/2007
Decision Date:	03/10/2014	UR Denial Date:	10/22/2013
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 and 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:

The injured worker is a 42-year-old with a date of injury of September 4, 2007. The patient's diagnoses include failed neck surgery syndrome, cervical radiculopathy, bicycle tenosynovitis, shoulder pain, cervical disc disorder. The patient currently is prescribed nortriptyline, Xodol, and is known to use medicinal marijuana. The patient has had a consistent cures report from September 4, 2013. The patient is also on clonazepam and Ambien. The patient is documented to have obtained medications from multiple providers in the past. It is noted that this injured worker had screenings on November 19, 2012, February 28, 2013, March 27, 2013, June 20, 2013, and September 5, 2013. The requesting healthcare provider has documented and Opioid Risk Score of 5 on September 5, 2013. This indicates moderate risk of opioid misuse. A utilization review determination had noncertified a urine drug screen based upon the frequency of urine drug screen. The reviewer felt that the drug screens were conducted too frequently.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The requesting healthcare provider has documented an Opioid Risk Score of 5 on September 5, 2013. This indicates moderate risk of opioid misuse. It is noted that this injured worker had screenings on November 19, 2012, February 28, 2013, March 27, 2013, June 20, 2013, and September 5, 2013. Although the Official Disability Guidelines suggest 3-4 urine drug screens per year for patients at moderate/intermediate risk, the guidelines also state there is "no hard and fast rule in terms of frequency of drug testing." Given the guidelines, the request for urine drug testing is certified as there are some risk factors present in this patient. The request for one urine drug screen is medically necessary and appropriate.