

Case Number:	CM13-0059105		
Date Assigned:	04/25/2014	Date of Injury:	03/15/1999
Decision Date:	06/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	11/29/2013

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 Occupational Medicine has a subspecialty in Preventive 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 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:

Patient reported a date of injury of 03/15/1999. The medical report associated with the request for authorization, a primary treating physician's progress report, dated 01/13/2014, lists subjective complaints as pain the neck, shoulder, low back and right knee. Objective findings: Patient states that sitting is tolerated for ten minutes, standing is tolerated for five to ten minutes and walking is tolerated for ten minutes. Sleep is interrupted two to three times per night. She is independent in activities of daily living, able to drive and requires no assistive devices. She quit smoking. Patient has a pump pocket located in the right upper outer quadrant of the abdomen and the catheter tract is along the right flank. Both are without any redness, tenderness or swelling. Diagnosis: 1. Thoracic outlet syndrome 2. Cervical degenerative disease with neck pain and spasm 3. Psychosocial stressors 4. Intrathecal Dilaudid with oral Percocet minimal dose 5. Spasms to the neck sequelae #2 6. Disabled. According to the medical records provided for review, the patient has been taking the following medications for at least as long as 05/29/2013. Medications: 1. Baclofen 10mg, P.O. b.i.d. #60; 2. Percocet 10/325 #90, SIG: one tablet every 4 hours, up to three per day; 3. Dilaudid intrathecal pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE TOXICOLOGY SCREEN DOS: 07/26/2013 QTY 1.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screen had been used for any of the above indications. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Therefore, the retrospective request for urine toxicology screen (DOS: 7/26/2013) is not medically necessary and appropriate.