

Case Number:	CM13-0060239		
Date Assigned:	12/30/2013	Date of Injury:	01/31/2002
Decision Date:	04/03/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 Internal 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 patient is a 55 year old female who reported an injury on 01/31/2002. The mechanism of injury was lifting. Subsequent injuries were sustained to her neck, right shoulder, lower back, and right upper arm. The patient's treatment to date is unclear; however, it is noted that she had an epidurogram with myelographic interpretation of contrast on 10/16/2012. This procedure was performed at the C4 level and was performed concurrently with her second epidural steroid injection. She received a third injection on 12/11/2012, again with epidurogram and myelographic interpretation of contrast; no effects of these injections were provided. The patient also received an unknown duration of chiropractic and physical therapy with short-term benefit. The most recent clinical note submitted for review is dated 12/12/2013 and reported that the patient's condition was stable with medications. Her pain fluctuated from 6/10 on a good day to 10/10 on a bad day. She did not report any adverse side effects; however, she complained of increased pain, requiring more medication, since a cervical medial branch block was denied on an unknown date. At that time, the patient's cervical flexion was 45 degrees, extension 75 degrees, and right and left lateral rotation of 55 degrees. She had a negative Spurling's maneuver and Hoffmann's sign with diffuse tenderness over the cervical region. The clinical information submitted for review provided evidence that the patient's urine was screened at least 4 times in 2013, all revealing appropriate, compliant results. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: 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 section on Opioids Page(s): 88,94.

Decision rationale: The MTUS Chronic Pain Guidelines recommend urine drug screening as an instrument for detecting abuse/addiction in long-term users of opioids. The MTUS Chronic Pain Guidelines also state that frequent random urine toxicology screens should be performed on patients that are at a particularly high risk of abuse. As the clinical information submitted for review did not provide any evidence that the patient was exhibiting aberrant drug behaviors or had history of such, and all of her prior urine drug screens have shown compliance, it would be appropriate to ask the patient to provide a urine drug screen approximately once a year. Without evidence of increased risk factors, there is no need for multiple urine drug screens yearly. As such, the request for a urine toxicology screen is not medically necessary and appropriate.