

Case Number:	CM14-0001209		
Date Assigned:	04/23/2014	Date of Injury:	07/05/2007
Decision Date:	05/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

An 11/26/13 primary treating physician report indicates that the patient complained of constant left shoulder pain with burning sensation and weakness; constant neck pain; constant lower back pain; left eye blurriness; off and on headache; stomach ache, nauseous, feels dizziness when sitting; bilateral wrist pain; on and off bilateral wrists pain; numbness on bilateral hands with burning sensation and weakness; constant left knee pain; and memory loss. The physical exam reveals that the left shoulder was tender on range of motion. Cervical spine was tender with muscle spasms at levels C2-7. Thoracic spine was tender with muscle spasms at levels T1-3. The treatment plan includes that the patient was advised to continue with medications which include Tylenol #3 and Prilosec and will return to clinic in three weeks. MRI of the cervical spine showed C3-4 2-3mm, C4-5 2mm, C5-6 3mm, moderate central canal stenosis, C6-7 3mm moderate stenosis moderate to severe neural foraminal stenosis, worse on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOXICOLOGY TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps To Avoid Misuse/Addiction, Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that frequent urine toxicology screens can be done especially for the patients at high risk. The Official Disability Guidelines (ODG) states that for urine drug testing the patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. Based on the documentation submitted for review the patient takes Tylenol #3 and has no history of aberrant behaviors. It is not clear how frequently the patient has been tested in the past with urine toxicology screens. Therefore, the request for a toxicology test is not medically necessary and appropriate.