

Case Number:	CM14-0108753		
Date Assigned:	08/01/2014	Date of Injury:	10/03/2005
Decision Date:	09/17/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/14/2014

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 Occupational 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:

The patient is a 55-year-old female who was injured on 10/03/2005. The mechanism of injury is unknown. Prior treatment history has included cervical transfacet epidural steroid injection, which provided her with 80% improvement in symptoms, and a home exercise program. On review of the records, it was not possible to establish what medications the patient was taking, as the progress notes submitted are difficult to read. Urine drug screening collected on 05/27/2014 and received on 05/30/2014 revealed positive results for opiates, Hydrocodone, Acetaminophen, Fentanyl, and tricyclic antidepressants. A progress report dated 05/27/2014 indicates the patient presented with complaints of pain in the cervical spine, which she rated the pain as 9/10 with associated sharpness and shooting with radiation into the arms and fingertips with numbness and tingling sensation. She also complains of lumbar spine pain, which is described as sharp and shooting, radiating to the legs/feet with tingling. Objective findings on exam revealed midline abnormal lordosis of the cervical spine with moderate tenderness. Axial head compression and Spurling sign is positive on the left. She does have facet tenderness to palpation at C4-C6. Shoulder range of motion is decreased on the right with abduction to 160 degrees; forward flexion to 160 degrees; internal rotation to 80 degrees; external rotation to 90 degrees; and crossed shoulder adduction to 30 degrees. She is diagnosed with cervical disc disease, cervical radiculopathy, status post right shoulder arthroscopy, status post bilateral elbow surgeries and status post right wrist surgery. The patient was recommended a urine drug screen to create a baseline and ensure compliance. A utilization review dated 06/17/2014 states the request for a urine drug screen is modified as 10 panel urine drug screenings with confirmatory laboratory testing only performed on inconsistent results x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Urine Drug Testing (UDT).

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), Pain, Urine Drug Testing (UDT).

Decision rationale: MTUS and ODG guidelines recommend urine drug screens for patients taking opioids. This patient is taking Norco on a chronic basis. Urine drug screening is requested by a new provider to establish a baseline. Medical necessity is established.