

Case Number:	CM14-0016004		
Date Assigned:	06/04/2014	Date of Injury:	04/06/2013
Decision Date:	07/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopedic Surgeon 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 injured worker is a 48-year-old female with a reported date of injury on 04/06/2013; the mechanism of injury was not provided. The injured worker's diagnoses include cervical pain, myofascial pain syndrome, low back pain, and long prescription use. The clinical note dated 11/22/2013 noted the injured worker was complaining of back pain that was constant and rated 4/10. It was noted the injured worker was on medication and that it had helped decrease pain and improve function. It is also noted the quality of life of the injured worker had improved while being on the current medication regimen and that it had helped the injured worker perform activities of daily living. The injured worker's current medication regimen includes cyclobenzaprine 10 mg tablets 1 tablet twice a day as needed. Upon examination of the cervical spine, it was noted that there was tenderness to the trapezius, facet joints, and right paracervical musculature. Upon examination of the right upper extremity, it is noted there is tenderness on the lateral border, tenderness of the subacromial bursa area, and decreased range of motion in flexion and abduction. It was also noted that there was weakness noted during flexion and abduction. Upon examination of the spine, it was noted that there were midline and paraspinal muscles of the lumbar spine. It was also noted that there was tenderness of the bilateral paralumbar musculature. It was noted within the clinical note that the office collected a urine sample to test for cocaine, opioids, amphetamines, barbiturates, benzodiazepines, and methadone. The request for authorization form for a urine drug screen was submitted on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN RETRO DOS 11/22/2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for urine drug screen retro DOS 11/22/2013 is certified. The California MTUS Guidelines state that drug testing may be recommended as an option, for screening of illegal drugs and to assess for appropriate medication drug use. It was noted within the available documentation that the injured worker was prescribed Cyclobenzaprine and that the drug screen was testing for benzodiazepines. Due to this fact, this request is medically necessary.