

Case Number:	CM14-0114882		
Date Assigned:	08/06/2014	Date of Injury:	04/28/2007
Decision Date:	09/15/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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, Pain Medicine and is licensed to practice in Texas. 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 56 year old female who reported an injury to her neck, left shoulder and knees. Agreed medical examination dated 02/06/14 indicated the injured worker had a slip and fall on 04/28/07 subsequently injuring her neck, shoulders and hands. The injured worker also reported pain at the knees. A clinical note dated 02/14/14 indicated the injured worker previously undergoing C5 through C7 anterior cervical discectomy and fusion on 01/15/13. The injured worker utilized Vicodin for ongoing pain relief. The urine drug screens on 03/10/14 revealed findings consistent with the drug regimen as positive findings for hydrocodone and were identified with no other positive findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN 6-4-14: Upheld

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): 23.

Decision rationale: The injured worker underwent anterior cervical discectomy and fusion at C5 through C7 and was subsequently prescribed the use of Hydrocodone for pain relief. The most

recent urine drug screen revealed consistent findings with prescribed regimen. No information was submitted regarding aberrant behaviors or potential for drug misuse. Given this, the request is not indicated as medically necessary.