

Case Number:	CM14-0129413		
Date Assigned:	08/18/2014	Date of Injury:	12/31/1996
Decision Date:	09/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/13/2014

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 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 44 year old female who sustained injury to her neck on 12/31/96. Mechanism of injury was not documented. In August of 2013, there were documented subjective complaints of pain averaging 5-6/10 visual analog scale with pain medication and 7-8/10 on average. Of note, on this date clinical documentation of the assessment affirmed the injured worker experienced increased pain in spite of having these pain medications. Additionally, clinical documentation from August of 2013 asserted that the injured worker was instructed to taper Tramadol. Current medications included Norco, Tramadol, Percura, Gabadone, Sentra AM, Pamelor, Fluriflex, and Ibuprofen. Progress report dated 08/04/14 reported that the injured worker was doing extremely well with her medications. Her pain scores were low and she was functioning well. She was authorized for a transcutaneous electrical nerve stimulation unit that the carrier stated would be referred to their vendor. There was no recent detailed physical examination of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug screen (UDT).

Decision rationale: In addition, clinical documentation of the reason behind the frequency of the testing is required including evidence of some sort of risk assessment. The injured worker had urine drug screen on 03/02/14, 04/24/14, and 06/24/14. As such, the requested urine drug screen does not appear medically warranted; therefore, the previous request could not be deemed as medically necessary. No information was submitted indicating the patient demonstrated any aberrant behaviors such as requesting early refills, inadequate pill count, illicit drug/alcohol use, or not taking medications as prescribed. There was no additional information that would identify that the injured worker is not a low risk case. Given this, the request for urine drug screen is not indicated as medically necessary.