

Case Number:	CM14-0028188		
Date Assigned:	06/13/2014	Date of Injury:	06/03/2002
Decision Date:	07/16/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 54-year-old female presenting with chronic pain following a work-related injury on June 3, 2002. According to the primary treating physician progress report the claimant reported constant neck and arm pain, numbness of the whole left arm and hand more frequently as well as increased pain, burning sensation and sleeping hands with the right greater than the left. The physical exam was significant for tenderness with palpation of the cervical and lumbar paraspinal muscles, poor tolerance to range of motion maneuver, and straight leg raise aggravating back pain. The claimant medications include Percocet, Valium, Zanaflex, Restoril and Topamax. The claimant was diagnosed with brachial neuritis, lumbar and lumbosacral disc degeneration, pain in the joint, status post mandible surgery due to melanoma nonindustrial, borderline elevated TSH nonindustrial, mild renal insufficiency, hyperlipidemia, recent MVA with right foot fracture due to, and brain tumor nonindustrial. The claimant has had documented urine drug screen starting from July 1, 2009 to the most recent documented on October 16, 2013. The last documented urine drug screen on October 16, 2013 revealed benzodiazepines and Oxycodone. A claim was made for urine drug screen DOS 6/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RETROSPECTIVE URINE DRUG SCREEN WITH A DOS OF 6/17/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Section.

Decision rationale: A urine drug as requested for date of service 6/17/2013 is not medically necessary. Ca MTUS guidelines suggest that all patient receiving opioids for chronic pain non-malignant pain should be tested twice yearly, once during January-June and another time July-December. Cautionary red flags of potential opioid abuse are if the patient has a history of alcohol or substance abuse, active alcohol or substance abuse, borderline personality disorder, mood disorders or psychotic disorders, non-return to work for over 6 months or poor response to opioids in the past. Cautionary red flags of addiction would include adverse consequences of decreased functioning, observed intoxication, negative affective state or any impaired control over medication used. According to the medical records the claimant's last urine drug screen was on 10/16/2013 and then on 4/1/2013 before that. During that time period there was no documentation of the claimant presenting with red flags; therefore given the urine drug screen was performed more than twice in a 6 month time period and with the lack of red flags, a urine drug screen on 6/17/2013 is not medically necessary.