

Case Number:	CM14-0028674		
Date Assigned:	06/20/2014	Date of Injury:	03/25/2010
Decision Date:	07/17/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/06/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 49-year-old female with a reported date of injury of 03/25/2010. The injury reportedly occurred when the injured worker was performing duties as a housekeeper. The injured worker presented with neck pain, low back pain, and shoulder pain. The clinical documentation indicated that the pain radiated down the injured worker's left leg and left side. On physical examination, the physician indicated that the injured worker had reduced range of motion in the cervical spine. In addition, the physician indicated there was point tenderness upon palpation at L1-L5, and reduced range of motion in the bilateral wrists with positive Phalen's test bilaterally. According to the clinical note dated 06/26/2013, the injured worker participated in physical therapy and chiropractic care, the results of which were not provided within the documentation available for review. The cervical spine MRI dated 06/26/2013 revealed no significant abnormalities. The urine drug screen dated 10/25/2013 was within normal limits, for medications prescribed. The injured worker's diagnoses included cephalgia, cervical neuritis, cervical spine sprain/strain, thoracic spasm, lumbar discogenic pain, bilateral carpal tunnel syndrome, and rotator cuff syndrome on the left. The injured worker's medication regimen was not provided within the documentation available for review. The rationale for the request was not provided within the clinical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHROMATOGRAPHY, QUANTITATIVE URINE TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, On-going Management Page(s): 43, 78.

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option when using a urine drug screen to assess for the presence of illegal drugs. In addition, the guidelines state the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. The clinical information provided for review lacks documentation of the injured worker's medication regimen. In addition, the urine drug screen dated 10/25/2013 was within normal limits for medications prescribed. The clinical information provided, lacks documentation related to the physicians concern for the injured worker's abuse, misuse or addiction to opioids. The rationale for the request was not provided within the documentation available for review. Therefore, the request for chromatography, quantitative urine test, is non-certified.