

Case Number:	CM14-0031876		
Date Assigned:	06/20/2014	Date of Injury:	02/16/2012
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 who is a 51 year-old male who reported an injury on 01/16/2012 due to industrial injury at work. The MRI done on 08/02/2012 revealed disc bulges at C3-C4 of 2mm, C4-C5 of 2mm, C6-C7 of 5mm and C7-T1 of 4mm. On 02/27/2014 the injured worker complained of pain which radiates into the left and right hips and had neck pain that radiates into the shoulders. On 02/27/2014 the injured worker physical examination revealed the injured worker was not in acute distress. It was noted the injured worker complained of ongoing left side pain and the straight leg raise was positive on the left with discogenic and radicular pain component with facetogenic symptoms, there was a urine toxicology screen done on 12/09/2013 for the injured worker that was negative of opiates usage. The injured worker diagnoses included cervical spondylosis with myelopathy, degenerative cervical intervertebral disc, degenerative lumbar/lumbosacral, intervertebral disc, cervicgia, lumbago, thro/lumbosacral, nurit/radiculitis unspecified, spasm of the muscle and unspecified myalgia and myositis. The injured worker medication included Aspirin 81mg, Celebrex 200mg, Hydrochlorothiazide, Lisinopril, Metformin 500mg and Nucynta ER 50mg and Tramadol. The treatment plan included for a decision for urine toxicology screen for prescription drug management. The authorization for request was submitted on 03/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Prescription Drug Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Washington State Department Of Labor: Guideline For Prescribing Opioids To Treat Pain In Injured Workers, Effective July 1, 2013 Opioids For Catastrophic Injuries.

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

Decision rationale: The request for the urine toxicology screen for prescription drug management is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence& addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The physical examination on 02/27/2014 lacked objective evidence to support the medical necessity of a urine toxicology screen. There was no objective evidence the injured worker has abused substance of opioids to indicate the rationale of requesting a urine toxicology screen. In addition, there was a urine toxicology screen done on 12/09/2013 for the injured worker that was negative of opiates usage. Given the above, the request for the urine toxicology screen for prescription drug management is non-certified.