

Case Number:	CM14-0040532		
Date Assigned:	06/20/2014	Date of Injury:	06/13/2002
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
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 & 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 54-year-old female who reported an injury on 06/13/2002. The mechanism of injury was not provided. The clinical note dated 02/17/2014 noted the injured worker presented with complaints of neck pain and bilateral upper extremity pain. The injured worker's pain level is 4/10 with medication and a 10/10 without. Prior therapy included Lidoderm patches and medication. Physical examination findings reveal a blood pressure of 122/88, a pulse of 40, respirations at 12, a height of 5 feet 3 inches, a weight of 186, a temperature of 97, a BMI of 33, and a urine drug screen dated 01/27/2014 positive for preglobulin, mirtazapine, and tapentadol. The diagnoses were cervical radiculopathy, status post cervical fusion, neck pain, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, and neuropathic pain. The provider requested a urine drug screen. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, urine drug testing.

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

Decision rationale: The request for a urine drug screen is non-certified. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant drug behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. The last urinary screen was performed on 01/27/2014. The provider's rationale for the urine drug screen was not provided. As such, the request is non-certified.