

Case Number:	CM14-0045259		
Date Assigned:	06/27/2014	Date of Injury:	01/17/2002
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 Nevada. 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 records presented for review indicate that this 59 year-old male was reportedly injured on 1/17/2002. The mechanism of injury is not listed; however, medical records state he was a construction foreman. The claimant has had a cervical fusion at C6-C7. The most recent progress note dated 3/28/2014, indicates that there are ongoing complaints of cervical spine pain radiating to left shoulder and upper arm. Physical examination demonstrated decreased cervical spine range motion, tenderness and cervical muscle spasms, 5/5 motor strength, normal biceps reflexes, normal sensation, negative Spurling's, Phalen's and Tinel's tests/signs. The claimant has had monthly urine drug screens dated 1/3/2014, 2/27/2014, 3/28/2014, 4/1/2014, 4/24/2014, 5/23/2014, and 6/23/2014 which have been positive for oxycodone/oxymorphone. Previous pain management medications to include Gabapentin, Percocet and Zanaflex. A request had been made for 1 urine drug screen and was not certified in the utilization review on 3/25/2014. As a special note, one retro urine drug screen on 1/3/2014 was certified in the above utilization review.

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. Decision based on Non-MTUS Citation University of Michigan Health System

Guidelines for Clinical Care, Managing Chronic non-terminal pain including prescribing controlled substances (May 2009) page 32.

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

Decision rationale: MTUS guidelines support the use of urine drug screening as part of ongoing chronic opioid management. Review of the available medical records, indicates the claimant had monthly urine drug tests. Guidelines support urine drug screening up to 4 times a year to assess for use of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Without clinical documentation of high risk or aberrant behavior, the request is not considered medically necessary.