

Case Number:	CM14-0051581		
Date Assigned:	07/07/2014	Date of Injury:	04/04/1987
Decision Date:	08/06/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/19/2014

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 Family Practice, 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:

59 yr. old female claimant sustained a work injury on 4/4/87 involving the neck back and wrists. She has a diagnosis of carpal tunnel syndrome, spinal stenosis, lumbar spondylosis with myelopathy and lumbosacral/cervical spondylosis without myelopathy. A progress note on 4/1/14 indicated the claimant had continued pain in the back and extremities. She had been seeing psychiatry for depression. She was undergoing aqua therapy. She had been using oxycodone and hydrocodone for pain. A progress note on 4/17/14 indicated the claimant had not been able to receive her Norco immediately after the last visit due to authorization issues. She was only able to get the Percocet filled. She usually takes Norco 8 times per day and Percocet 3 times per day for several years. The treating physician had an extensive discussion about withdrawal symptoms and weaning of opioids. The treating physician also requested a urine drug screen as part of a routine pain management agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen (date of service: 04/01/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, page 935, volume 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology screen Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. Based on the above references and clinical history a urine toxicology screen is not medically necessary.