

Case Number:	CM14-0069892		
Date Assigned:	07/14/2014	Date of Injury:	04/06/2004
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/15/2014

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 is a 42-year-old male who reported an injury on 04/06/2004. The mechanism of injury is unknown. The injured worker has diagnoses of cervicalgia, displacement of cervical intervertebral disc without myelopathy, lumbago, displacement of lumbar intervertebral disc without myelopathy, headaches, and other symptoms referable to back. Past treatments have included medication and injections. Diagnostic studies included an MRI of the cervical spine on 07/02/2013 and an MRI of the lumbar spine on 08/20/2013. Surgical history was not provided. On 01/03/2014, the injured worker was seen for ongoing neck pain, headaches, and low back pain radiating down the right lower extremity. This pain was increasing and he needed more of his pain medications. Medications remained helpful and provided functional gains and assisted him with his ADLs, mobility, and restorative sleep, contributing to his quality of life. No significant medications side effects were reported. The injured worker recently underwent a diagnostic injection on 10/16/2013. His post procedure pain diary documented reduction in his right neck and right upper back pain from 10/10 the week prior to the procedure to 2/10 immediately after. The pain began to return as expected the next day but it was still less than prior to the diagnostic injection. The injured worker underwent confirmatory MPD 6 weeks ago and results were similar. Medications include Norco 5/325 mg 1 tab 1 to 3 times a day as needed, Xanax 1 mg 1/2 to 1 tab a day as needed, Lexapro 20 mg 1 tablet every day, and Flexeril 10 mg 1 tablet once or twice a day as needed for spasm. The treatment plan was to followup, refill medication, await authorization for a radiofrequency neurotomy on medial branch nerves, request behavior plan pain management, request for authorization for a routine drug screen as part of the pain management agreement. The request is for a retrospective request for 1 urine drug screen date of service 02/25/2014. The rationale is to prevent drug diversion and abuse while maintaining an appropriate prescription and effective medications. The request for

authorization was not provided. The injured worker had previous drug screenings on 11/07/2013, 12/05/2013, and 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 urine drug screen (DOS: 2/25/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

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

Decision rationale: The request for retrospective request for 1 urine drug screen (dos: 02/25/2014) is not medically necessary. The injured worker has a history of pain. The CA MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. It was noted the rationale for urine drug screen is for medication compliance; it was also noted the injured worker had 3 previous drug screens within a 3 month time frame (11/07/2013, 12/05/2013, 01/03/2013 that showed use of medication prescribed). There is a lack of clinical information indicating the injured worker was at risk for medications misuse or displayed aberrant behaviors. Thus, the drug test would be medically unnecessary. Within the clinical information, the injured worker had 2 consecutive urine drug screens indicating medication compliance. There was no indication of noncompliance for drug use. The documentation does not indicate any new circumstance that warranted screening beyond the twice yearly screens that the guidelines recommend. As such, the request is not medically necessary.