

Case Number:	CM14-0088280		
Date Assigned:	07/23/2014	Date of Injury:	12/24/2006
Decision Date:	09/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 60 year old female was reportedly injured on December 24, 2006. The mechanism of injury is undisclosed. The most recent progress note, dated May 13, 2014, indicates that there are ongoing complaints of neck pain and bilateral shoulder pain. Current medications include Norco, Restoril, Zanaflex, progesterone, metoprolol, Wellbutrin, Topamax, Prilosec, and thyroid medications. The physical examination demonstrated tenderness along the cervical spine from C4 through C7, decreased right shoulder range of motion limited by pain, positive Neer's test and Hawkins test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right C5 to C6 foraminotomy and a right shoulder surgery. A request was made for a random urine twelve panel drug screen and was not certified in the preauthorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-office random 12 panel urine drug screen: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. The progress note dated May 13, 2014, states that a urine drug screen was used to obtain a baseline prior to providing the patient a new prescription, but it is unclear what is being assessed in this baseline. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for a twelve panel urine drug screen is not medically necessary.