

Case Number:	CM14-0197133		
Date Assigned:	12/05/2014	Date of Injury:	08/01/2002
Decision Date:	01/22/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab 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 patient is a 62 year old female with date of injury 8/1/02. The treating physician report dated 12/4/14 (277) indicates that the patient presents with pain affecting the lower back, migraines, cervicgia, left lower extremity pain, thoracic outlet syndrome and worsening left elbow pain. The physical examination findings reveal tenderness and decreased range of motion in the cervical spine, normal SLR and 4/5 muscle strength affecting the upper extremities. Prior treatment history includes medications, physical therapy, left elbow cortisone injection, back fusion in 2008, CTS right hand 2009, right shoulder surgery 2007 and left CTS release in 2012. MRI findings reveal a 4mm protrusion C5/6 dated 1/20/14. The current diagnoses are:
 1.Cervicgia2.DDD cervical spine3.Post laminectomy syndrome cervical spine4.Failed back surgery with radiculopathy5.Sacroilitis6.Headache with insomnia7. L4/5, L5/S1 fusion
 The utilization review report dated 12/24/14 denied the request for a urine drug screen based on lack of medical necessity.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids Ongoing management Page(s): 43; 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient presents lower back, migraines, cervicalgia, left lower extremity pain, thoracic outlet syndrome and worsening left elbow pain. The current request is for Urine Drug Screen (UDS). The treating physician states in the 12/4/14 report that the patient is currently taking Oxycodone, Gabapentin, Rizatriptan and Diazepam. There is no request for UDS found in the 12/4/14, 11/6/14 or 10/9/14 reports provided for review. In reviewing the records provided the patient received a UDS on 6/16/14. The MTUS guidelines recommend urine drug screen to assess for the use or the presence of illegal drugs. MTUS goes on to recommend drug screening in patients using opioid medication that are at high risk of abuse, addiction or poor pain control. In this case, the patient has had a UDS within the last 6 months and there are no red flags indicating that the patient is at risk for opiate abuse and requires more frequent UDS testing. The current request is not medically necessary.