

Case Number:	CM14-0207255		
Date Assigned:	12/19/2014	Date of Injury:	11/12/2001
Decision Date:	02/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine 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 (IW) is a 54-year-old man with a date of injury of November 12, 2001. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervicalgia; displacement of intervertebral disc, site unspecified, without myelopathy; cervical root lesions, not elsewhere classified; carpal tunnel syndrome; obesity; spasms of muscles; diabetes; and status post anterior C4-C5, and C5-C6 fusion. Pursuant to the progress note dated November 11, 2014, the IW complains of ongoing cervical pain with bilateral upper extremity numbness. Relevant exam findings include paracervical muscle tenderness on the right and left, and decreased rotation, bilaterally. Painful flexion and extension is noted. Current relevant medications include Naproxen 250mg, Cyclobenzaprine 5mg, Norco 10/325mg, and Lyrica 75mg. The documentation indicates the IW had a urine drug screen on September 15, 2014. It was reportedly consistent with his ongoing medications. A repeat urine drug screen was ordered November 11, 2014. The indication for repeat urine drug screen was not present in the medical record. The current request is for (1) urine drug screen.

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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen.

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug screens not medically necessary. Urine drug screening is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover a version of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker/patient is a low risk, intermediate risk or high risk individual for drug misuse or abuse. Patients at low risk should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are cervicgia, previous C4 - C5 and C5 - C6 fusions; C7 - T-1 herniated disc; bilateral cervical radiculopathy; and rule out carpal tunnel syndrome, wrist. The documentation indicates the injured worker had a urine drug screen on September 15, 2014. It was reportedly consistent with his ongoing medications. A repeat urine drug screen was ordered November 11 of 2014. However, after the first urine drug screen in September 2014 there was no discussion of a low-risk, intermediate or high risk behavior. A low-risk individual should be tested within six months of initiation of therapy and a yearly basis thereafter. There is no documentation indicating the injured worker was an intermediate or high risk patient for drug misuse/abuse. Consequently, absent a risk assessment and an inconsistent urine drug screen September 15, 2014, a urine drug screen is not medically necessary.