

Case Number:	CM14-0081895		
Date Assigned:	07/21/2014	Date of Injury:	01/31/2002
Decision Date:	03/11/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old female sustained a work related injury on 01/31/2002. According to a follow up dated 05/15/2014, the injured worker complained of cervical area pain and upper extremities pain. Current medications included Percocet, Maxalt Tabs, Voltaren Gel, Lunesta, Cymbalta, Topamax, L-Thyroxine and Flexeril. Diagnoses included cervical radiculopathy, cervical discogenic spine pain and degenerative disc disease; cervical. Prescriptions were given for Lunesta and Percocet. Medical records concerning complaints and objective exam were reviewed but are not directly relevant to this independent medical review. There is no noted justification for a repeat urine drug screen. On 05/29/2014, Utilization Review non-certified urine toxicology screening. According to the Utilization Review physician, the last urine drug screen conducted was on 03/13/2014 and there was currently insufficient documentation to warrant an additional urine drug screening at this time. Guidelines cited for this review included CA MTUS Chronic pain Medical Treatment Guidelines, Drug Testing page 43. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 46.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Patient is chronically on percocets. There is no concern for abuse or patient being at high risk for abuse documented. Recent urine drug screen dated 3/13/14 was appropriate. There is no rationale documented for request. Urine Toxicology Screen is not medically necessary.