

Case Number:	CM15-0000817		
Date Assigned:	01/12/2015	Date of Injury:	07/14/1998
Decision Date:	03/11/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 62 year old, who sustained an industrial injury on July 14, 1998. He/She has reported neck, shoulders, right arm, bilateral hand pain, and headaches. The diagnoses have included exacerbation cervical spine pain, status post anterior cervical discectomy fusion. Treatment to date has included medications, radiological imaging, and cervical spine surgery. Currently, the Injured Worker complains of neck, shoulders, right arm, and hands pain, and headaches. Current medications on August 18, 2014, are listed as Tylenol 33, Soma 350 mg, Fioricet, and Lidoderm patches. Physical findings on November 12, 2014, are noted to be tenderness of the cervical spine with decreased range of motion, tenderness of the right shoulder with decreased range of motion. On December 8, 2014, Utilization Review non-certified the request for a urine drug screening, based on MTUS, and ODG guidelines. On January 5, 2014, the injured worker submitted an application for IMR for review of urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 11/12/2014: Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation ODG Pain Chapter Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. There is no documentation of suspected aberrant behavior that has been provided. Also, the most recent list of medications made available for review was from August 2014. A more recent list of prescribed medications should have been provided. Likewise, this request is not considered medically necessary.