

Case Number:	CM15-0005848		
Date Assigned:	01/26/2015	Date of Injury:	05/02/2005
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 56 year old male who sustained an industrial injury, reported on 5/2/2005. He has reported chronic and severe neck pain. The diagnoses have included cervicgia; post cervical laminectomy, failed neck syndrome with chronic cervical symptoms and chronic headaches; myalgia and myositis; thoracic/lumbosacral neuritis/radiculitis. Treatments to date have included consultations; diagnostic and imaging studies; lumbar 5 - sacral 1 laminectomy (11/11); physical therapy; and medication management. The work status classification for this injured worker (IW) was noted to be sedentary work only; and that he is not currently working. On 12/25/2014 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/30/2014, for Norco 10/325mg #300, the Medical Treatment Utilization Schedule, chronic pain medical treatment, opioids, and ACOEM Guidelines for the chronic use of opioids, were cited.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. In addition, the patient has been approved for UDS in December 10, 2014. Therefore, the request for Urine drug screen is not medically necessary.