

Case Number:	CM15-0007934		
Date Assigned:	01/26/2015	Date of Injury:	08/16/1986
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/14/2015

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 58 year old female, who sustained an industrial injury on 8/16/86. She has reported pain in the neck and left arm. The diagnoses have included cervical disc disease, cervical radiculopathy and bilateral carpal tunnel syndrome. Treatment to date has included cervical spine MRI, electrodiagnostic studies, physical therapy, cervical epidural injections and oral medications. As of the PR2 on 12/16/14, the injured worker reported 8/10 pain in the neck with radiating pain down the arms. The treating physician is requesting a urine drug screen to assess for medication compliance. There are no previous urine drug screens in the case, nor any mention that the injured worker was non-compliant with medication regime. On 1/5/15 Utilization Review non-certified a request for a urine drug screen. The UR physician cited the MTUS chronic pain medical management guidelines. On 1/9/15, the injured worker submitted an application for IMR for review of a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Dug 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: 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 are indicated to avoid misuse/addiction. 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 have a history of use of illicit drugs. Therefore, the request for retrospective Urine drug screen is not medically necessary.