

Case Number:	CM15-0009663		
Date Assigned:	01/27/2015	Date of Injury:	05/24/2006
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female was injured 5/24/06 in an industrial accident. She currently is experiencing constant severe, achy neck pain and stiffness; sharp stabbing low back pain with numbness and tingling radiating to the left thigh; right and left shoulder pain radiating into to hands with numbness and tingling. She takes cyclobenzaprine, naproxen and Protonix. Her diagnoses include depression, anxiety, insomnia, cervical disc rotation, lumbar disc protrusion and radiculopathy, right shoulder tendonitis. The treating physician requested topical creams, Norco, Neurontin, Tylenol Extra Strength, physical therapy 2X6 and acupuncture to bilateral shoulders and Urine Toxicology: Drug Screen. On 1/9/15 Utilization Review non-certified the request for Urine Toxicology citing MTUS: Chronic Pain Medical Treatment Guidelines, Drug Testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient was injured on 05/24/06 and presents with pain in her cervical spine, lumbar spine, right shoulder, and left shoulder. The request is for a URINE TOXICOLOGY. There is no RFA provided and the patient is on a modified work duty. The utilization review denial letter states that a utilization review note from 09/30/14 certified a urine toxicology test. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. As of 11/17/14, the patient is taking Norco, Neurontin, and Tylenol Extra Strength. The treater does not explain why another UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, the treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested urine toxicology IS NOT medically necessary.