

Case Number:	CM15-0107439		
Date Assigned:	06/11/2015	Date of Injury:	07/14/2003
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 was a 66 year old female, who sustained an industrial injury, July 14, 2003. The injured worker previously received the following treatments, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities consistent with a sensory peripheral neuropathy, physical therapy, lumbar spine MRI, Oxycodone/Tylenol, Topamax, Fentanyl Patch, Amrix, Lexapro, psychological services, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities showed carpal tunnel syndrome and cervical spine surgery C1-C3 fusion. The injured worker was diagnosed with lumbar spine MRI showed multilevel spondylosis, degenerative disc disease, facet arthropathy at L2-S1 and multilevel disc herniations including L1-L2, L2-L3, L3-L4 and L4-L5. According to progress note of May 20, 2015, the injured workers chief complaint was lumbar pain with right lower extremity radiation. The injured worker received a greater than 60% from the occipital nerve block. The physical exam noted the range of motion was severely limited due to the cervical spine fusion. There was positive Tinel's at the left wrist decreased range of motion of the shoulders bilaterally with impingement. There was diffuse tenderness over the posterior cervical region. There was significant tenderness with palpation with a number of trigger points in the paraspinal musculature with radiation to the trapezius and base of the skull. The lumbar spine noted diffuse tenderness with palpation of the paralumbar region with muscle spasms and trigger points in multiple locations. The straight leg raises were positive bilaterally. The exam showed positive facet loading. The Faber's testing was positive bilaterally. The injured worker walked with an antalgic gait. The treatment plan included a toxicology drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology drug 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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: Toxicology drug screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicates that prior urine drug screen was performed in September of 2014. There is no documentation of aberrant behavior. Therefore, the request for toxicology drug screen is not medically necessary.