

Case Number:	CM15-0018693		
Date Assigned:	02/06/2015	Date of Injury:	12/23/2009
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 48-year-old male who reported an injury on 12/23/2009. The mechanism of injury involved a fall. The current diagnoses include cervical pain, lumbar annular tear, lumbar disc displacement, right wrist pain, and left wrist pain. The injured worker presented on 12/04/2014 for a follow up evaluation with complaints of cervical and lumbar spine pain. The injured worker also reported activity limitation. Upon examination of the cervical spine, there was 45 degree flexion and extension, 40 degree lateral bending, and 70 degree left and right rotation. There was tenderness to palpation of the cervical paravertebral muscles with positive cervical compression test. Upon examination of the lumbar spine, there was an antalgic gait, 45 degree flexion, 15 degree extension, 15 degree lateral bending, and positive Kemp's sign. Recommendations included continuation of the current medication regimen of naproxen 550 mg, Protonix 20 mg, and cyclobenzaprine 7.5 mg. The injured worker was also issued a prescription for tramadol ER 100 mg. A urine toxicology report was recommended at that time. It was noted that a previous urinalysis had been completed on 10/23/2014. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Ongoing Management Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain-Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this patient falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.