

Case Number:	CM15-0160455		
Date Assigned:	08/26/2015	Date of Injury:	07/28/2003
Decision Date:	09/29/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: Internal 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 43 year old male, who sustained an industrial injury on July 28, 2003. He reported multiple work injuries with gradual development of pain, numbness and weakness at the lower back, legs and feet. The injured worker was currently diagnosed as having cervical degenerative disc disease, cervical radiculopathy, thoracic spine myoligamentous sprain strain, thoracic spine degenerative disc disease, lumbar spine myoligamentous sprain strain, lumbar disc protrusions, lumbar radiculitis, right shoulder impingement syndrome, bilateral carpal tunnel syndrome and early bilateral knee degenerative joint disease. Treatment to date has included diagnostic studies, surgery, physical therapy, cervical epidural injections and medication. Notes stated that the injured worker continued to have severe pain despite epidural injections and physical therapy. On July 23, 2015, the injured worker complained of severe neck pain with radiation into the left upper extremity and low back pain. A urine drug screen was performed on the day of the exam. The treatment plan included a surgical consultation and medications. A request was made for a urine drug screen (date of service June 5, 2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (DOS 6/5/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 43, 76, 77.

Decision rationale: The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs. It also states that prior to the use of opioid pain medication that urine drug screening is an option to screen for the presence of illegal drugs. The above patient has severe pain which has been treated with multiple modalities. His PCP needs to utilize narcotics as part of the treatment regimen. It is not inappropriate to do urine drug screen in these patients in order to ensure compliance and that drug abuse is not occurring. The management of such chronic pain is therefore enhanced when the physician is able to verify the proper management of such medications. The request is medically necessary. Therefore, the UR decision is overturned.