

Case Number:	CM15-0166903		
Date Assigned:	09/04/2015	Date of Injury:	04/20/2001
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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: Arizona, 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 64 year old female who sustained an industrial injury on April 20, 2001. A pain management follow up visit dated April 02, 2015 reported the plan of care with recommendation for: complete blood work up laboratory, urine drug screen, urinalysis, Trazadone, Oxycodone, Flexeril and injection, left subacromial bursa injection. She had had two spinal surgeries fusion 1998 and extension of fusion in 2003 approximately. There is note of facet injections with denials. Previous treatment to include: activity modification, physical therapy, medications, H-Wave unit, and trigger point injections (November 2014). She is with subjective complaint of neck pain. Current medications noted: Flexeril, Effexor XR, Trazadone, Motrin, Prilosec, and Oxycodone. The following impression was noted: degenerative disc disease, cervical; disorder of bursae and tendons in shoulder region, chronic; myalgia and myositis, unspecified; anxiety, headache, chronic pain syndrome, pain in join shoulder region, chronic; depression and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (DOS - 7/30/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Although the last screen was performed on 12/2014, based on the above references and clinical history a urine toxicology screen on 7/30/15 was not medically necessary.