

Case Number:	CM15-0168438		
Date Assigned:	09/09/2015	Date of Injury:	08/13/2014
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/26/2015

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: Florida, New York, Pennsylvania
 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:

This is a 29 year old male with a date of injury of August 13, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for blunt head trauma, cervical strain; rule out cervical disc herniation, and left upper extremity radicular pain. Medical records (February 10, 2015 to July 28, 2015) indicate that the injured worker complains of persistent neck pain that radiates down the back rated at a level of 7 out of 10. Per the treating physician (July 28, 2015), the employee work status was temporarily totally disabled. The physical exam (July 28, 2015) reveals loss of range of motion of the cervical spine with palpable muscular hypertonicity and tenderness, and active trigger points of the bilateral cervical paraspinal muscles and right upper trapezius muscles. Treatment has included medications (Gabapentin since at least February 10, 2015; Flexeril since at least February 10, 2015; Ibuprofen on February 10, 2015). The treating physician indicates that the urine drug testing result (date of report not provided) showed compliance with Medical Treatment Utilization Schedule guidelines and Official Disability Guidelines. The original utilization review (August 7, 2015) non-certified a request for a urine toxicology screening for the next visit as requested on July 28, 2015.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, pain treatment agreement.

Decision rationale: A review of the provided documentation indicates that the patient was not prescribed opiates. I could not find any reference for concern that the patient was receiving care elsewhere simultaneously or that there might be a concern for use of illegal drugs. The member received an initial UDS 29 Jan 15 that proved negative for any drugs of dependence or abuse. There is no evidence of concern on the part of the PTP. A written consent or pain agreement for chronic use is not required but may make it easier for the provider to document patient education, the treatment plan and the informed consent that routinely would include the requirement to undergo random UDS. Drug testing can also be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. However as already mentioned this patient has not been prescribed drugs of abuse, was not suspected of using illegal drugs and had an initial UDS that was clean. Therefore this request is not medically necessary and I support the UR Non-Cert.