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| Case Number: | CM15-0192596 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 07/07/2006 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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: New York

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 53 old male, who sustained an industrial injury on 7-7-06. He is diagnosed with cervical spine degenerative disc disease, cervicgia, cervical spine radiculopathy and chronic pain syndrome. Notes dated 6-9-15 - 8-4-15 reveals the injured worker presented with complaints of neck pain with numbness and tingling in the upper extremities to his hands and is rated at 6 out of 10. He reports overhead activity and lifting increases his pain. Physical examinations dated 6-9-15 - 8-4-15 revealed cervical paraspinal tenderness bilaterally and there is an increase in pain with extension. Treatment to date has included medications; Soma, Norco, Sonata, which help decrease his pain by 60% and improve his ability to function and engage in daily activities of living with less pain. He underwent surgical intervention, C5-C6 fusion. Diagnostic studies to date have included urine drug screen (6-9-15) and cervical MRI (2013, 2014). A request for authorization dated 9-9-15 for retrospective urine drug screen is denied, per Utilization Review letter dated 9-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (DOS 9/1/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, indicators for addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, Norco was not found to be medically necessary. Medical necessity for the requested medication was not been established. The requested urine drug screen is not medically necessary.