

Case Number:	CM15-0193360		
Date Assigned:	10/08/2015	Date of Injury:	03/06/2009
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 61 year old male sustained an industrial injury on 3-6-09. Documentation indicated that the injured worker was receiving treatment for chronic headaches and neck, low back and right knee pain. Previous treatment included lumbar surgery, left hip replacement, physical therapy, chiropractic therapy, epidural steroid injections, injections, interferential unit, psychiatric care and medications. In the most recent documentation submitted for review, a neurology reevaluation dated 9-7-15, the injured worker complained of ongoing headaches, neck and low back pain. The injured worker's pain was not quantified. The physician noted that the injured worker's headaches improved with Floricet and spine pain was relieved temporarily with Norco. Physical exam was remarkable for tenderness to palpation of the cervical spine paraspinal musculature with an increase in muscle tone and 5 out of 5 strength to bilateral upper and lower extremities. Right knee range of motion could not be tested secondary to pain. The injured worker walked with a normal gait. The physician indicated that the injured worker was receiving treatment from psychiatry, internal medicine and orthopedics. Documentation did not disclose previous urine toxicology screening. The treatment plan included continuing Floricet and Norco. On 9-9-15, Utilization Review non-certified a request for urine toxicology screening (retrospective, DOS 8-3-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Toxicology Screening (DOS: 8/3/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

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

Decision rationale: Per the guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The medical necessity of a urine drug screen is not substantiated in the records.