

Case Number:	CM15-0195385		
Date Assigned:	10/09/2015	Date of Injury:	09/21/1999
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old male who sustained an industrial injury on 9-21-1999. A review of medical records indicates the injured worker is being treated for cervical spondylosis, cervical facet arthropathy, lumbar spondylosis, MRI evidence for broad based disc disease and facet arthropathy at L4-5 and right paracentral disc protrusion, displacing the right S1 nerve root at L5-S1, status post right shoulder surgery, status post right carpal tunnel release surgery, right medial epicondylitis, and left greater trochanter bursitis. Medical records dated 8-27-2015 noted pain to the low back and down both lower extremities, usually worse on the left. There was also pain in the left upper neck. Physical examination noted there was tenderness over the sciatic notch and ischial tuberosity more so on the left. There was significant tenderness in the neck region. Treatment has included Flexeril and injections. Utilization review form dated 9-22-2015 noncertified 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, quantitative/confirmatory for symptoms related to the cervical spine (neck) and lumbar spine (lower back): 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): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: This 59 year old male has complained of neck pain, lower back pain, shoulder pain and wrist pain since date of injury 9/21/1999. He has been treated with injections, surgery, physical therapy and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis drug screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine drug screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.