

Case Number:	CM15-0196948		
Date Assigned:	10/12/2015	Date of Injury:	03/31/2010
Decision Date:	11/30/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, 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 57 year old female, who sustained an industrial injury on 3-31-2010. Diagnoses include chronic pain, cervical degenerative disc disease, lumbar degenerative disc disease, and disorders of sacrum, status post cervical surgery in 2011. Treatments to date include activity modification, Flexeril, and physical therapy. On 7-10-10, she complained of pain in the cervical spine and shoulder. The physical examination documented cervical tenderness with muscle spasm noted and tenderness to cervical facets. There was mild impingement of the right shoulder with tenderness and decreased range of motion. The plan of care included Zanaflex and Fioricet. The medication list includes Flexeril and Anaprox on 9/1/10. The patient had UDS on 9/1/10 that was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Urine drug screen DOS 09/01/2010 - 09/08/2010: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 10/09/15), Urine drug testing (UDT).

Decision rationale: Retrospective request for 1 Urine drug screen DOS 09/01/2010 - 09/08/2010. Per the CA MTUS guideline cited above, drug testing is; "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below on drug testing, "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." The medication list includes Flexeril and Anaprox on 9/1/10. Evidence that the patient was taking potent narcotics was not specified in the records provided. A history of substance abuse was not specified in the records provided. Evidence that the patient was at a high risk of addiction or aberrant behavior was not specified in the records provided. The medical necessity of the request for Retrospective request for 1 Urine drug screen DOS 09/01/2010 - 09/08/2010 is not fully established in this patient. Therefore, the request is not medically necessary.