

Case Number:	CM15-0198870		
Date Assigned:	10/14/2015	Date of Injury:	10/17/1994
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, 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 65 year old female who sustained an industrial injury on 10-17-94. A review of the medical records indicates she is undergoing treatment for status post anterior cervical discectomy and fusion 1-4-99, cervical stenosis with degenerative arthritis at C4-5, chronic impingement syndrome of the right shoulder, multiple triggering fingers of both hands, lumbar spine sprain and strain, and lumbar radiculitis. Medical records (3-30-15 to 9-9-15) indicate ongoing complaints of neck pain that has radiated to both shoulders, down both arms into both hands and low back pain that radiates to the right lower extremity to the foot, as well as right hip pain. Her pain level has varied from "2-3 out of 10" with use of medications to "10 out of 10". On 9-9-15, she reports that she presented to an urgent care center for increased low back pain, following the 8-27-15 visit. She reports that she was given an "injection for pain" and a prescription for Diazepam. She reports that she was "unable to walk" on her right lower extremity due to increased pain in her right hip and back. The physical exam (9-9-15) reveals that she "is sitting in moderate distress with her right leg extended". She is noted to have difficulty going from a seated position to a standing position. Her gait is slow and antalgic, favoring the right side. Tenderness is noted of the cervical paraspinals and trapezii. Slight spasm is noted in the right trapezius. The "scapular border" is noted to be tender. Active range of motion of the cervical spine is diminished. Tenderness is noted at the midline of the lower lumbar spine and bilateral low back, greater on the right with "moderate" spasms. Active range of motion of the lumbar spine is diminished. The straight leg raise is positive on the right side. Diagnostic studies have included x-rays of the lumbar spine and right hip. Urine drug screening

was requested on the 5-5-15, 8-11-15, and 8-27-15 visits. However, the results are not provided in the records. A urine drug screen from 1-27-15 indicates no detection of prescription medications of Vicodin and Amrix. Treatment has included physical therapy, a home exercise program, use of ice and heat, a trigger point injection, use of a cane, and medications. Her medications include Norco 10-325 every 6 hours as needed for pain, Celebrex, Amrix, Lidoderm patches, and Prednisone. The utilization review (9-15-15) includes a request for authorization of a urine drug screen. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.