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| Case Number: | CM15-0209855 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 09/19/2013 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 10/15/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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: California
 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:

This injured worker is a 45 year old female who reported an industrial injury on 9-19-2013. The medical records noted the accepted body parts to include the neck, bilateral shoulders, chest, bilateral hands & wrists, and upper back. Her diagnoses, and or impressions, were noted to include: back and hand pain; cervical discogenic disease with bulging discs; and right carpal tunnel syndrome, status-post carpal tunnel release. Magnetic resonance imaging studies of the cervical spine were said to have been reviewed at the 9-21-2015 visit. Her treatments were noted to include: deep tissue massage, extremely helpful; medication management; and rest from work after modified duties were no longer available and she was let go on 4-30-2014. The progress notes of 9-21-2015 reported: resolution of wrist pain following carpal tunnel release surgery; left wrist pain that was without treatment; and neck and shoulder pain, rated 4 out of 10, muscular in nature, along the trapezius muscle. The objective findings were noted to include: no acute distress; decreased sensation in her left cervical 7 dermatome; decreased Jamar testing on the right, following carpal tunnel release; and that a urine sample was taken to document the appropriate use of, and compliance with, medications. The physician's requests for treatment were noted to include continuing her medications. She was noted to be on Ultram, Tizanidine, and Gabapentin. The Request for Authorization, dated 9-21-2015 as noted for a 12 panel urine drug screen. The Utilization Review of 10-15-2015 non-certified the request for a 12-panel urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Panel urine drug screen #1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Drug testing.

Decision rationale: The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs .It also states that prior to the use of opioid pain medication that urine drug screening is an option to screen for the presence of illegal drugs. The above patient is taking Ultram, a narcotic medicine as well as other medicines which could cause CNS depression and other sedative side effects. Therefore, it is appropriate for the MD to check drug screening in order to assure proper compliance and safety of the patient's treatment regimen. The UR decision is overturned. The request is medically necessary.