

Case Number:	CM15-0024970		
Date Assigned:	02/17/2015	Date of Injury:	02/26/2003
Decision Date:	03/27/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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 male, who sustained an industrial injury on 2/26/03. He has reported neck injury. The diagnoses have included cervical spondylosis, cervical radiculopathy and cervical disc herniation. Treatment to date has included Theraproxen 90, Methadone 10mg every 4 hours as needed, Soma 350mg 1 tablet 3 times a day as needed and Seroquel 200mg 2 tablets at bedtime as needed. Currently, the injured worker complains of low back pain. On physical dated 12/14/14 the injured worker revealed 30% improvement in pain with use of medications. No aberrant drug behavior was documented. On 2/2/15 Utilization Review non-certified a retrospective request for random urine drug screen 12/17/14, noting the lack of documentation of concerns of illicit drug use, non-compliance with prescription medication and no documentation of dates of previous drug screening over the past 12 months. The MTUS, ACOEM Guidelines, was cited. On 2/9/15, the injured worker submitted an application for IMR for review of retrospective request for random urine drug screen 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request For Date Of Service 12/17/2014 For Random Urine Drug Screen:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/On-Going Management Page(s): 78.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of drug testing. These guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In addition, the guidelines comment on the steps used to avoid misuse/addiction of opioids. These steps include the use of frequent random urine toxicology screens. Specifically, that use of drug screening should be considered when issues of abuse, addiction or poor pain control arise. In this case, there is insufficient documentation on the use of prior urine drug screen testing in this patient, namely the frequency of its use, the findings of these tests and how they have been used in the clinical management of this patient's condition. There is a urine drug test done on 12/17/2014; however, the results are not complete and there is insufficient documentation provided on the use of this test in the patient's pain management program. Given the insufficient documentation provided, the retrospective request for a random urine drug screen on 12/17/2014 is not considered as medically necessary.