

Case Number:	CM15-0027064		
Date Assigned:	02/19/2015	Date of Injury:	05/07/2012
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/12/2015

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 05/07/2012. The diagnoses have included cervicalgia, cervical radiculopathy, cervical spondylosis, cervical disc herniation, and pain in shoulder joint. Noted treatments to date have included history of right shoulder and right knee surgeries, chiropractic treatment, physical therapy, and medications. Diagnostics to date have included electromyography/nerve conduction studies revealed slight bilateral carpal tunnel syndrome and MRI of the cervical spine showed C5-C6 broad based disc osteophyte complex causing high-grade bilateral foraminal narrowing and cervical degenerative disc disease per progress note. In the same progress note dated 01/16/2015, the injured worker presented with complaints of neck pain radiating down right arm and right shoulder. The treating physician reported prescribing Norco and urine drug screen. Utilization Review determination on 01/27/2015 non-certified the request for Random Urine Drug Screens x 4 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screens QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; urine drug screen Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Medical records document history of neck and shoulder conditions, and opioid medications. Urine drug screen 4 times was requested. Because the future condition of the patient and medication regimen are unknowns, a request for 4 urine drug screens is not supported. Therefore, the request for urine drug screen quantity 4 is not medically necessary.