

Case Number:	CM15-0032660		
Date Assigned:	02/26/2015	Date of Injury:	07/26/2010
Decision Date:	04/10/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/20/2015

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: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on July 26, 2010. He has reported neck pain and bilateral shoulder pain. The diagnoses have included neuralgia/neuritis and multi level cervical spine disc displacement. Treatment to date has included medications, physical therapy, epidural steroid injection, shoulder injections, home exercise, and imaging studies. A progress note dated January 7, 2015 indicates a chief complaint of continued neck pain and bilateral shoulder pain. Physical examination showed tenderness and decreased range of motion of the cervical spine. The treating physician is requesting a urine drug screen. On January 20, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 20, 2015, the injured worker submitted an application for IMR of a request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen for med compliance: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 07/26/2010 and presents with neck pain which radiates down to his bilateral shoulders. The request is for a URINE DRUG SCREEN for medicine compliance. The utilization review denial rationale is that there is no mention of what the compliance issues were. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion, or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. There is no RFA provided and the patient has been instructed to remain permanent and stationary as before. Review of the reports provided does not indicate if the patient has had a prior urine drug screen. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once daily urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. As of 01/07/2015, the patient is taking Norco and tramadol for moderate to severe pain. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. However, the patient is currently on Norco and tramadol. Monitoring of the opiate with once-yearly UDS is recommended per guidelines. Therefore, the requested urine drug screen IS medically necessary.