

Case Number:	CM15-0035662		
Date Assigned:	03/04/2015	Date of Injury:	04/12/2013
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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 48 year old, male patient, who sustained an industrial injury on 04/12/2013. A primary treating office visit dated 12/16/2014 reported subjective complaint of constant severe neck pain that radiates to the bilateral upper extremities; right worse than left side. He also complains of constant bilateral shoulder pain with radiation to the bilateral upper extremities with associated paresthesias. He also complains of post-operative low back pain with radiation down the bilateral lower extremities with sitting. He also has report of anxiety, depression stress and insomnia. Current medications include Tylenol # 3 and Voltaren gel. The patient is status post L3-4 and L4-5 interlaminar laminectomy. The following diagnoses are applied; status post two-level anterior cervical discectomy and fusion, improved neck pain with some residual arm pain, rule out peripheral neuropathy; critical stenosis of the lumbosacral spine at L3-4 and L4-5, failed maximum conservative care including physical therapy, medications and injections; desiccation at L1-2 and L2-3; chronic pain with secondary manifestations and status post L3-4 and L4-5 interlaminar laminectomy. A request was made for a confirmation of urine drug testing results. On 01/29/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Pages 22 and 69 Anti-Inflammatory medications; pages 80-81, Opioids for Chronic Pain and page 43 & 92 Drug Testing were cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Confirmation of Urine Drug Test Result: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Inflammatory medications; Opioids for chronic pain; Drug Testing Page(s): 22, 69, 80-81; 43, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

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's 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.