

Case Number:	CM15-0035837		
Date Assigned:	03/04/2015	Date of Injury:	12/22/2013
Decision Date:	04/15/2015	UR Denial Date:	02/16/2015
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: 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 54 year old male, who sustained an industrial injury on 12/22/13. The injured worker has complaints of difficulty sleeping, numbness and tingling occasionally in the left arm and hand. Cervical spine range of motion is slightly improved with less guarding with tenderness in the cervical and lumbar spine. The diagnoses have included neck pain; thoracic and lumbar spine strain; mild cervical spondylosis per Magnetic Resonance Imaging (MRI) at C5-C6 and C6-C7; left shoulder pain and left upper extremity radiculitis, rule out cervical radiculopathy. Left shoulder X-ray on 12/3/14 showed impression of no acute osseous abnormality. According to the utilization review performed on 2/16/15, the requested Urine Drug Screens has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screens: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with unrated neck pain, middle back pain, and lower back pain. The patient's date of injury is 12/22/13. Patient has no documented surgical history directed at these complaints. The request is for URINE DRUG SCREENS. The RFA was not provided. Physical examination dated 12/16/14 reveals reduced range of motion of the cervical spine and tenderness to palpation of the bilateral cervical and lumbar paraspinal muscles. The patient is currently prescribed Flexeril, Prilosec, Ultracet, and Naprosyn. Diagnostic imaging includes X-ray of the left shoulder date 12/03/14, with no demonstrated abnormalities. Per progress note dated 12/16/14, patient is advised to return to work with modified duties ASAP. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. In this case, the treater is requesting a UDS to ensure that this patient is compliant with his narcotic medications. Records provided indicate that this patient had UDS's conducted on 10/22/14 and 11/20/14, though the reports were not included. However, there is no discussion of aberrant findings, and there is no indication in the progress notes that this patient is considered "high risk". Utilization review dated 02/16/15 non-certified these urine drug screens which were apparently retrospective requests. Ordinarily one urine drug screen would be appropriate, however a second screen conducted a month following the first - without documented inconsistencies - is not supported by guidelines. The request IS NOT medically necessary.