

Case Number:	CM15-0037014		
Date Assigned:	03/30/2015	Date of Injury:	09/29/2013
Decision Date:	05/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 9/29/2013, while employed as a truck driver. He reported pulling a rope and falling backwards. The injured worker was diagnosed as having chronic pain due to trauma, cervical spondylosis without myelopathy, lumbago, cervicgia, lumbosacral spondylosis without myelopathy, neck sprain/strain, and lumbar sprain/strain. Treatment to date has physical therapy, massage therapy, activity restrictions, medications, and magnetic resonance imaging of the lumbar and cervical spines and brain. Currently, the injured worker complains of bilateral neck pain and stiffness, rated 4/10. He also reported occasional headaches to the right side of his head, sometimes rated 10/10. He reported bilateral low back pain and stiffness, rated 6/10. He recently started Tramadol and reported a decrease in pain by 50% when he takes the medication, but reported taking only 5 tablets in the past month, reporting that he would not like to rely on narcotic pain medications. Other current medications included Gabapentin. Physical exam noted restricted neck range of motion, painful at extremes. A moderately kyphotic thoracic curvature was noted, along with suboccipital/occipital tenderness on the left. Moderate tenderness over the cervical facets, left greater than right, was noted. Tenderness over the lower lumbar facets bilaterally, L5-S1 region, was noted, along with positive facet loading tests, left cervical and bilateral lower lumbar. His mood was normal. The treatment plan included urine toxicology screening. The documented social history noted a history of drug, alcohol, or prescription abuse in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 panel UDS (urine drug screen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Guidelines 2014, Pain: Criteria for the use of Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

Decision rationale: The patient is a 57 year old male with an injury on 09/29/2013. He pulled a rope and fell backwards. He has neck and back pain. He has a documented history of drug, alcohol or prescription abuse and was recently started on Tramadol. It is unclear why he has recently been started on an opiate given the above history. The urine drug testing is to monitor for a history of drug abuse but he already has that history and further urine testing is not appropriate.