MAXIMUS Federal Services

Case Number:	CM15-0041239		
Date Assigned:	03/11/2015	Date of Injury:	08/31/2012
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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 57 year old female who sustained a work related injury August 31, 2012. A heavy door released and slammed her directly in the face, causing immediate pain into her neck, radiating down into her arms with spasm in the neck. She was treated with pain medication, Gabapentin, physical therapy, chiropractic therapy, and underwent an MRI and electro diagnostic studies. According to a primary treating physician's pain management progress report, dated January 14, 2015, the injured worker presented with neck pain 8-9/10 and difficulty with swallowing and defecation. She asks to go back to the neurosurgeon, for an evaluation of neck pain and difficulty swallowing, as he had recommended surgical intervention in the past. Diagnosis is documented as cervical discogenic disease C6-C7 and C7-T1. Treatment plan included request for acupuncture therapy, renewal of medications, and 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 every 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

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. In this case, the claimant had been on opioids, muscle relaxants and NSAIDS. A urine screen in February 2015 was inconsistent with medications prescribed. As a result, the continued routine monitoring of the urine is necessary.